



**MANUAL**

**ON**

**TARGET FREE  
APPROACH**

**IN**

**FAMILY WELFARE PROGRAMME**

**MINISTRY OF HEALTH & FAMILY WELFARE  
NEW DELHI**

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## ACTIVITIES IN THE COMMUNITY

### Registration of Vital Events

- ☐ Advise the community to register vital events, namely births and deaths.

### Maternal and Child Health Care

- ☐ Registration of all pregnancies with local health facilities.
- ☐ At least 3 ante-natal check-ups during pregnancy.
- ☐ Referral of difficult/complicated pregnancy cases.
- ☐ Immunisation of mothers and children as per schedule.

### Family Planning

- ☐ Motivate couples to adopt the small family norm.
- ☐ Disseminate information about the methods of family planning and places at which services are available.
- ☐ Disseminate information on adverse consequences of population growth at family and local levels.

### Health Education

- ☐ Safe drinking water and avoidance of water borne diseases.
- ☐ Personal hygiene.
- ☐ Food hygiene.
- ☐ Home and environmental sanitation including garbage disposal.
- ☐ Immunisation as per immunisation schedule.
- ☐ Prevention of STD and HIV / AIDS.

### Nutrition

- ☐ Food value of locally available/ locally consumed foods.
- ☐ Food Supplements like iodised salt, vitamins where indicated.
- ☐ Additional nutrition for pregnant women and adolescent girls.

### Gender Equality

- ☐ Sensitisation of gender issues.

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MANUAL  
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DECENTRALISED  
PARTICIPATORY  
PLANNING  
IN  
FAMILY WELFARE PROGRAMME

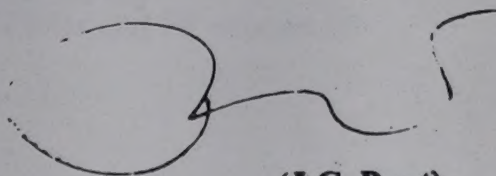


## FOREWORD

From First April 1996 the Family Welfare Programme is to be implemented all over India on the basis of Target Free Approach. From now onwards the centrally determined targets will no longer be the driving force behind the programme. The demand of the community for quality services would be expected to become the driving force behind the programme making it a people's programme.

2. The changeover to a target free approach necessitates decentralised planning in consultation with the community at the grass root level to provide quality services under Family Welfare Programme to the community. Besides, the monitoring and evaluation of the performance also requires a fresh look at the issues of quality of care at different levels of the Primary Health Care System.

3. The Manual on Target Free Approach in Family Welfare Programme has been prepared to provide guidance on decentralised planning at the level of PHC, to improve quality of care and how to monitor the improvements in the quality of care in the services provided to the community by the Primary Health Care System of the country. This manual is a result of intense discussions with State Family Welfare Secretaries and Directors as well as management experts and experts of the Family Welfare Department. Decentralized planning means close association of the community and its leading lights and opinion leaders such as village pradhans, primary school teachers in the formulation of the PHC based family welfare and health care plan. I hope this manual will provide guidance to various functionaries at different levels of the Primary Health Care System to plan for and provide quality care in the services provided to the community as per the requirements of the community under Family Welfare Programme to make it a truly people's programme.



(J.C. Pant)

Secretary to the Govt. of India  
Ministry of Health & F.W.



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## 1. INTRODUCTION:

In keeping with the democratic traditions of the country, the Family Welfare Programme seeks to promote responsible and planned parenthood through voluntary and free choice of the following methods of contraception approved under the National Family Welfare Programme.

- (i) Sterilisation (Vasectomy & Tubectomy)
- (ii) IUD Insertions
- (iii) Oral Pill Users
- (iv) Conventional Contraceptives (Condoms)
- (v) Indigenous/Traditional method
- (vi) Natural Method

India's Family Planning Programme (renamed as Family Welfare in late 1970's) has had a single objective for nearly 30 years, to reduce fertility as quickly as possible. The program has sought to achieve this goal through a strategy based on contraceptive targets and cash incentives to acceptors and providers.

The objective of the Family Planning Programme is to reduce the birth rate. Contraception is only an instrument for bringing about reduction in birth rate. The success of the programme with reference to the objective can be judged only on the basis of the reduction in the birth rate. The contraceptive target monitoring now being done has led to a situation where the achievement of contraceptive targets has become an end in itself. According to the National Family Health Survey conducted recently, the extent of contraceptive acceptance is less than indicated by statistics provided by state governments. Although, some state governments receive very good grading for sterilisation under the 20 Point Programme, this has not led to corresponding reduction in the birth rate. It has also been observed that a disproportionately large proportion of the target (40%) is achieved in the last 3 months of the financial year although the service ought to be provided evenly throughout the year.

Since past few years, the Government of India recognized that contraceptive targets and cash incentives have resulted in the inflation of performance statistics and the neglect of quality of services. As a result, cash incentives for IUD insertions were withdrawn. GOI did not fix contraceptive targets for Kerala and Tamil Nadu during 1995-96 and in other States one or two districts were made "target free". Further, State Governments were given freedom to introduce incentives for improving the quality of services.

While there are no two opinions about the need to remove numerical targets for the sake of quality of service, there is a concern that such a move, when taken country-wide, may lead to decline in performance initially. A system of getting estimates of expected levels of acceptance from the State Governments was in vogue for the last three years but now this exercise will be carried out by the grass root workers in consultation with the community to estimate real needs assessment. This will be coupled with the formulation of a PHC level plan covering all activities of family welfare, the materials and supplies required and an operational strategy to achieve the objectives.

Grass root level workers like ANM, Multipurpose Health Workers both male and female, shall be asked to give an estimate of the various family welfare activities required in the area/population covered by them. It is expected that at the PHC level, the local NGO activists,

primary school teachers, pradhan's and panchayat members, private practitioners of indigenous systems of medicines would be involved in the formulations of the PHC based Family Welfare Health Care Plan. While in the first year the process of estimation can be tentative but in future years the endeavour should be to start the planning process at village level itself. Aggregation of all such estimates of grass root workers of various subcentres and at the Primary Health Centre shall be prepared at each PHC. District Family Welfare Plan shall be an aggregation of all such plans formulated at each PHC in the district. State Level Family Welfare Plan shall be an aggregation of all such District Family Welfare Plans. All the State level Family Welfare Plans shall be compiled at National level to work out requirement of all materials and supplies.

Although the input requirements for family welfare activities shall be based on the requirement given by the grass root level workers like ANM, the monitoring of the performance of ANM shall not be merely on the basis of achievements in this regard alone, but would be done with the help of indicators relating to improvement and quality of service.

A system of evaluating and introducing corrections in the performance of PHC every month by the district health staff and that of each district by the state level staff every quarter has been worked out. A similar exercise to evaluate the performance of each state would be carried out at the national level. The present manual tries to answer all such issues for the guidance of the field workers, the administrators and other persons responsible for implementing this programme.

There should be minimum change in the records that ANM and other field workers are required to maintain in order that the changed system of working helps them to utilize their time fully to improve the quality of services that they are required to provide to the community. The Eligible Couple (EC) Register will continue to be one of the most important records at ANM level.

In urban areas Family Welfare services are being provided to general public through Urban Family Welfare Centres (including Urban Family Welfare Centres under Ministry of Defence, Railways, Labour and Public Sector), Health Posts and Post Partum Centres which are functioning in district level hospitals and sub district level hospitals. Under Target Free Approach all these Urban Family Welfare Institutions should also plan for their activities after carrying out realistic assessment of the needs of the population covered by them. They can make use of the formats given in Form 2 and 3 with suitable modifications as and where required for the purpose of formulation of their plans. The Family Welfare and Health Care Plans prepared by these Urban Family Welfare Institutions should be taken into account while preparing District and State level Family Welfare and Health Care Plan.

## 2. NEW FOCUS OF FW PROGRAMME - A Target free approach

Family Welfare Programme is to be implemented from the First April 1996 on the basis of Target Free Approach. Besides, the focus of the national Family Welfare Programme is to undergo a change from a segregated approach under Family Planning and Maternal and Child Services to that of integrated approach under Reproductive and Child Health (RCH) Services in future. This means that RCH is equivalent to Family Planning + CSSM + prevention of RTI/STD and AIDS + a client approach to providing FW & Health Care Services.

As the National Family Welfare Programme moves from Target Based Activity to Client Centered Demand Driven Quality Services Programme, there is a need to change various aspects of its operations, including increased levels of male participation.

### 2.1 Illustrative list of services to be provided to general public from PHC & Sub-Centres:

The following services may be provided to general public from Sub-Centres, PHCs and in some cases, with tie-up of referral, from nearest CHCs and district hospitals:

#### I. Mother Care Services

##### (A) Ante Natal Care:

- (i) **Registration of Ante-natal Care** Cases preferably before 16th week of pregnancy.
- (ii) Providing ante natal care to pregnant mothers by **atleast three visits**.
- (iii) **Detection and treatment** of anaemic pregnant mothers.
- (iv) Timely **detection and referral** of high risk pregnant mothers.

##### (B) Natal Care:

- (i) As far as possible **delivery** should take place in Hospitals, PHCs or subcentres under the supervision of **qualified personnel**.
- (ii) As far as possible, the **domiciliary deliveries** should be assisted by LHV, ANM or by **trained birth attendants**.
- (iii) **Detection and referral** of high risk labour cases.
- (iv) **Identification** of existing Dais and organising **dai training**.
- (v) **Provision of Dai Kits**.

### **(C) Post Natal Care**

- (i) **Growth Monitoring** of new born.
- (ii) Detection and referral of **high risk new born babies**.
- (iii) **Neo-natal resuscitation** wherever facilities are available and by education of dais & community in other areas.

## **II. Immunisation:**

Immunisation services against following **communicable diseases** to children.

- (i) Tuberculosis
- (ii) Polio
- (iii) Diphtheria
- (iv) Whooping Cough
- (v) Tetanus
- (vi) Measles

## **III. Prophylactic Services:**

Prophylactic Services against **anaemia and Vitamin A deficiency** to

- (i) Pregnant Mothers
- (ii) Nursing Mothers and IUD Acceptors
- (iii) Children below 5 years of age.

## **IV. Curative Services for**

- (i) Diarrhoea cases with ORS
- (ii) Respiratory infection cases with cotrimoxazole.

## **V. Contraceptive Services**

- (i) Male Sterilisation Operation.
- (ii) Female Sterilisation Operation.
- (iii) Copper T. insertions.
- (iv) Oral Pill - distribution.
- (v) Nirodh distribution.
- (vi) Indigenous/traditional methods
- (vii) Natural methods.

## **VI. MTP**

- (i) Assessing abortion needs and providing the same by early detection.
- (ii) Assessing need for expanding services by increasing trained staff and registered centres.

## **VII. Emergency Obstetric Care**

- (i) Assessing expected high risk cases.
- (ii) Provide for referral in existing Post Partum Centres.
- (iii) Provide for referral at identified First Referral Units.

## **VIII. Nutrition Counselling and Supplementary Nutrition**

- (i) Linkages with ICDS and Anganwadi for provision of supplementary nutrition for pregnant/lactating mothers and for infants.
- (ii) Nutritional Counselling through linkages with ICDS/AWW/ANM for anaemic children, adolescents, mothers.

### **2.2 Activities at Sub-centre and PHC**

Following activities should be carried out at Subcentre and PHC level for provisions of quality of care to general public.

#### **2.2.1. At sub centre level**

Immunization, MCH Information Education and Communication Services are to be provided by Subcentre.

- \* Activities to be carried out during an **immunisation/MCH session** are:

##### **For children**

- \* immunization of children
- \* administration of Vitamin A concentrated solution for prophylaxis and therapy
- \* Diagnosis of anaemia in children and distribution of IFA (small) tablets

##### **For Pregnant Women**

- \* ante-natal check up of pregnant women
- \* TT immunization
- \* administration of IFA for prophylaxis and therapy
- \* deworming of pregnant women who show clinical signs of anaemia (in 2nd/3rd trimester) in areas with high prevalence of Hook Worm infestation.

##### **Communication and counselling**

- \* On infant feeding(exclusive breast-feeding and weaning)
- \* On home management of diarrhoea and ARI
- \* On birth spacing as a health promotion measure
- \* Recognition of danger signs for seeking immediate medical help

### **Provide**

- \* prepared ORS solution to a child with diarrhoea and give ORS packets for use at home
- \* tablet Cotrimoxazole to a child with Pneumonia
- \* oral pills and condoms

### **Gather Information by talking to mothers**

- \* On new births or pregnancies in the village
- \* cases of measles, diarrhoea and pneumonia
- \* counselling on polio and neonatal death
- \* counselling for reproductive health

### **Update records**

For **holding the sessions** it should be ensured that the health worker:

- \* Reaches the **FIXED PLACE** on the **FIXED DAY** at the **FIXED TIME** as per subcentre work plan
- \* carries vaccines in cold chain and has enough syringes and needles so that she can use syringe and one needle for every beneficiary after ensuring proper sterilisation.
- \* has sufficient quantities of Vitamin A, IFA tablets (both large and small), ORS packets and Cotrimoxazole tablets for giving to children who may need them.
- \* has the mother and child cards and register with her and updates these during the session
- \* carries educational aids for interpersonal/group communication

The health workers should contact local influential persons like Anganwadi worker, TBA, Village Pradhan, Panchayat Members, Other sector workers etc. on arrival and obtain their help for mobilising the beneficiaries. Special efforts should be made with their help to identify and motivate drop outs and those who do not avail services from out reach areas. The opportunity should be utilised by Subcentre Team to inform the mothers and organised groups about the different services and to encourage them to avail these.

#### **2.2.2. At PHC Level**

The PHC workplan includes, activities of the Sub-centres and the PHC. The **responsibility** of ensuring proper implementation of the plan however, lies with the PHC. It is necessary that all medical Officers of the PHC are familiar with the plan and the programme components.

In addition to the immunization and MCH activities being carried out at the sub-centre level (Immunisation/MCH session, Sub-centre clinic and Village visits), the PHC is responsible for delivery of both **preventive and curative services** in the area. This involves scheduling immunization/MCH sessions and antenatal clinics in addition to the routine inpatient and out-patient services. The activities to be carried out during the immunization/MCH session at the PHC are essentially the same as in a similar session at the Sub-centre level.

**Correct Case Management** of children with diarrhoea, ARI and sick newborns is an important activity at the PHC level. The PHC is required to provide treatment to children referred to it and should be able to organise the facilities required for management of these cases as per guidelines.

The PHC should provide services for **safe delivery** of all uncomplicated pregnancies. The labour rooms should be clean and provided with the required supplies for carrying out deliveries and essential care of the newborns. Provision of these services can generally be planned within the existing resources of the PHC.

Management of **complications of pregnancy** like hypertensive disorders, severe anaemia and sepsis should be available at PHC level. **Referral** of severe cases to the first referral units (FRUs) for various childhood and maternal emergencies should be made as per guidelines. The names and location of the FRUs should be known to all doctors and health workers of PHC/Sub-centre area.

It should be ensured that the **PHC is equipped with** relevant supplies like medicine, intravenous fluids and have a regular duty roster providing for round the clock attendance in case of need. Care be taken to indent sufficient stocks of vaccines, needles and syringes from the district stores in time and distribute to the outreach centres according to the plan. MO should monitor the use of individual items in the drug kits supplied to the subcentres and provide for timely replenishment out from the PHC stocks, and out of items which are not used in other subcentres. All health workers in PHC area should receive vaccines for conducting immunization sessions/MCH sessions, in vaccine carriers with fully frozen ice packs.

The PHC is the unit for carrying out all **surveillance** related activities. These include case/death analysis, interpretation, action and reporting. Decisions that will have to be taken at PHC level include containment measures for outbreaks, mop-up rounds, investigation of acute flaccid paralysis, neonatal and maternal deaths through line listing and special investigations such as stool test, etc.

**Monitoring** the implementation of sub-centre work plans, their performance and coverage levels of individual sub-centre areas and identifying problem areas is to be done by the PHC medical officers. Based on the reasons identified for a particular problem, possible solutions should be identified in consultation with the health workers and the community. Care be taken to monitor the establishment and functioning of the village level depots for ORS packets, condoms and in some cases oral pills.

**Regular reporting** of the achievements and problems to the district/state health department is an important activity of the PHC. Providing feedback to the health functionaries based on discussions at the district level meetings are important.

**The meeting** is an important activity to review performance, provide feedback and guidance to the workers for improving their performance and coverage levels. The other important meeting at PHC level would be participatory appraisal meeting with the Panchayati Raj leaders at PHC level.

All the activities listed in the workplan of the PHC must be carried out regularly.

### **2.3 Prerequisites for Target Free Approach :**

The following points are needed to be ensured in each state:

- (1) Contraceptive targets for the health & non-health staff like ones working in Revenue, Rural Development, Education Departments must be abolished.
- (2) The male health workers should be made responsible for motivation for vasectomy and condom.
- (3) The motivator certificate and motivator fee, if still in use, should be withdrawn.
- (4) Family Planning performance in the district should not be used to rank the Collectors or to assess them for their annual confidential report.
- (5) The PHC Plan shall be proposed on the basis of assessment of need of population for FW Services by ANM and others; the performance of the medical officer in charge, PHC and ANM shall be judged on the basis of their quantitative and qualitative achievement with respect to the needs assessed.

### 3 IMPROVING QUALITY OF CARE

Following are the some of the aspects of quality of care for Family Welfare Services which need to be looked at by the staff at PHC and Sub-centres.

#### 3.1. Service Delivery Aspect:-

- 3.1.1 Does the package of FW service offered by PHC/Sub-centres meet the needs of general public?
- 3.1.2 Do PHC/Sub-centres inform the general public about the choice they can have for contraceptive methods?
- 3.1.3 Is there adequate follow-up for continued use of the services offered by PHC/Sub-centres?
- 3.1.4 Are there effective referral linkages?

#### 3.2 Informational Aspect:-

- 3.2.1 Do general public receive comprehensive health education?
- 3.2.2 Are general public informed about the side effects of contraception and how to address them?

#### 3.3. Technical Aspect:-

- 3.3.1 Are the service providers (doctors, LHV, ANM) technically competent?
- 3.3.2 Do they use sound and appropriate technical practices?
- 3.3.3 Do they take universal precautions for sepsis?
- 3.3.4 Quality of materials & supplies used by the service providers.

#### 3.4 Interpersonal aspect

- 3.4.1 Behaviour of the service provider. Is he/she gentle, harsh, indifferent to the clients.
- 3.4.2 How are general public treated in:-
  - time spent
  - showing concern for the client
  - caring for the privacy & dignity of the Client.
- 3.4.3 Listening & counselling general public.

#### 3.5. Social aspects:-

- 3.5.1 Are services gender sensitive?
- 3.5.2 Is there male participation and responsible sexual behaviour.
- 3.5.3 Do women have a role in programme.

While all of these aspects to improve quality of care require attention, it may be useful to institute a process of quality improvement by first emphasising counselling, follow up and inter-personal aspects of the services and then adding other aspects.

#### **4. EXPECTED OUTCOME OF TARGET FREE FAMILY WELFARE PROGRAMME :-**

- 4.1. Universal ante natal registration and atleast 3 ante natal check-ups of all pregnant women.
- 4.2. Universal T.T. vaccination of pregnant women.
- 4.3. Increase in the proportion of institutional deliveries as compared to the existing level.
- 4.4. Increase in the proportion of deliveries by trained persons as compared to the existing level.
- 4.5. Provision of quality obstetric care for complications of pregnancy, abortions and complications of deliveries at CHC level or FRU level.
- 4.6. Universal registration of births and neonatal deaths in the area.
- 4.7. Appropriate measures for underweight babies.
- 4.8. Promotion of breast feeding.
- 4.9. Universal immunisation of infants.
- 4.10. Universal availability of ORS in all villages at all times.
- 4.11. Provision of facility of treatment of acute respiratory infections including pneumonia at all subcentres.
- 4.12. Improvement in acceptance of contraceptives by couples with wife less than 30 years of age.
- 4.13. Improvement in acceptance of contraceptives by couples having 2 or less children with larger spacing between children.
- 4.14. Improvement in the proportion of spacing methods in the contraceptive method mix.
- 4.15. Availability of oral pills and condoms in all villages at all times.
- 4.16. Counselling for RTI & STD at subcentre level.
- 4.17. Referral of suspected cases of RTI/STD from sub-centre and diagnosis and treatment facilities for RTI & STD at CHC and District level.
- 4.18. To ensure adequate postnatal care & FP Counselling; all mothers should be visited after 15 days of delivery or EDD.

## **5. PREPARATION OF SUBCENTRE ACTION PLAN:**

Subcentre Action Plan forms the basis of PHC level decentralised planning. It provides us the requirement of various services by the population living in the area of subcentre as their felt need.

### **5.1 Defining Workload Norms for ANM:-**

The activities that are required to be carried out by ANM's at the level of subcentre for the implementation of quality conscious Family Welfare Programme are listed in **FORM-1**. These can be classified into

- (a) Specific tasks (e.g. giving TT2).
- (b) Quality tasks (e.g. early registration of ANC).
- (c) Surveillance task (e.g. number of maternal deaths reported).

Norms are being suggested for the specific tasks and quality tasks. Every State must decide on the norms for quality tasks depending upon the availability of health infrastructure and the needs of the population (for example work load of ANC in a State with 5000 population per subcentre and birth rate of 20/1000 would be 110 per year, as compared to 310 per year for a state having 8000 population per subcentre and birth rate of 35/1000). Hence the State can decide that instead of 60% coverage norm for early ANC Registration only 30% coverage is expected to be registered in first trimester of pregnancy. In the first year of operation these values for norms will have to come from State level data or other studies from similar population. In the subsequent years district level estimates will be available from the monitoring system and hence more realistic norm can be set locally.

Once these norms have been decided, the ANMs will calculate their own workload. It can be argued that this step is mechanical and can be done by computers. But however, if the field worker (ANM) herself estimates her own workload, she will be more involved and motivated in the implementation of programme.

### **5.2 Consultations:**

While doing the exercise of preparing Subcentre Action Plan and Primary Health Centre (PHC) level Family Welfare and Health Care Plan there is a need to associate following categories of personnel:-

- 1) Personnel of the Primary Health Care System including Medical and Para-medical staff.
- 2) Private Medical Practitioners available in the area of PHC.
- 3) Medical Practitioners of the Indigenous Systems of Medicine available in the area of Primary Health Centre.
- 4) Ex-servicemen residing in the area of the PHC.
- 5) Grass root level workers of other departments including Primary School Teachers.
- 6) Pradhans of Gram Panchayats falling in the area of PHC.
- 7) Anganwadi workers.

While formulating the Sub-centre Action Plan and PHC level Plan, the above mentioned people should be consulted and advice given by them, may be taken into account. It is expected that the moment these people are consulted they also become activists helping us in the process of implementation of PHC level Plan under Target Free Approach.

### **5.3 Requirement of the Area Vs Felt Need of the Population - Subcentre Action Plan.**

The illustrative list of services which are to be offered to the general public from PHC and Sub-centres should be available to all the persons living in the area of jurisdiction of the PHC/Subcentres. One can easily estimate the requirement of services of the entire population of the PHC/Subcentre as per the work load norms set by the State Govt. for the service. Pregnancy related services can be estimated from the population to be covered and the birth rate of that population. Similarly curative services like treatment for diarrhoea can be estimated from the population and the prevalence rate of the illness. Similarly for contraception services, all the eligible couples are needed to be protected. Requirement of the Area for a particular service is the demand of the service for hundred percent coverage. But all the people living in that area need not be willing to avail of the services. Felt Need of the Population pertains to the number of services which they are willing to take up from the delivery point. For example not more than 60% of the pregnant women in an area of a subcentre are willing to be registered for ante natal care. Then although the Requirement of the Area for ANC is 100% but yet the Felt Need for ANC shall be only 60%. We must plan for making available the Family Welfare and Health Care Services as per the felt needs of the population.

In the ideal situation the Area Requirement of the service shall be equal to the Felt Need for the same service by the population living in that area. In that event the Family Welfare Programme shall become the people's program.

In the present context, during the implementation of Target Free Family Welfare Programme, it might be noticed in the field that the Felt Need of the Population is less than the Area Requirement for the same service. It is likely to be the trend in the beginning. The gap is likely to be bigger for contraception services than for the MCH services. This should not be a cause for concern. As soon as the quality of care of services through the PHC and subcentres improve, more and more people shall start coming forward to avail the services being provided by the PHC & Subcentres.

Format of Subcentre Action Plan (FORM-2) does give the list of services to be provided from Subcentre. It also contains the methodology to calculate the Area Requirement with respect to all the services. ANM should be expected to fill up the Felt Need of the population for service in the area of her subcentre in the 1st column. This shall be a realistic assessment of the need of the population. This should be filled up after she has visited all the households in her area to assess their need.

## 6. PREPARATION OF PHC FW&HC PLAN

Subcentre Action Plan with respect to all the subcentres of the PHC can give us the felt need of the population of PHC with regard to the services being offered to general public through PHC and subcentres. Medical Officer Incharge of PHC has to calculate the materials, vaccines, medicines etc. required to accomplish the services. Depending upon the existing stock of supplies, the net requirement for serving the felt needs of the population can be worked out. It forms the basis of PHC FW&HC Plan. It shall also identify the resources available within the area as well as support from outside like NGOs, corporate sector, private sector. It shall also take into account the available hospital facilities in the area and health manpower available. The most convenient First Referral Unit (FRU) should also be identified and notified for general awareness.

### 6.1 Data Base Required for Planning at PHC-level

#### 6.1.1. GENERAL

##### 6.1.1.1. General Information about Block

- Geographic location/character

- No. of Sectors

##### 6.1.1.2. Persons below poverty line

##### 6.1.1.3. Religion/literacy

##### 6.1.1.3. SC/ST population

#### 6.1.2. DEMOGRAPHIC

##### 6.1.2.1. Total Population, age, sex structure.

##### 6.1.2.2. Sex ratio - 1981-1991

##### 6.1.2.3. Age at marriage

##### 6.1.2.4. Birth/Death rate

##### 6.1.2.5. Fertility Rates.

#### 6.1.3. PROGRAMME PERFORMANCE

##### 6.1.3.1. Family Welfare Programme Sector-wise performance for the year 1995-96, and every year thereafter.

##### 6.1.3.2. MCH,ANC,PNC,Deliveries, Sector-wise performance for the year 95-96, and every year thereafter.

##### 6.1.3.3.1. Line listing of Polio and Neonatal Tetanus.

##### 6.1.3.3.2. Investigation of cases of neonatal tetanus, polio & measles.

##### 6.1.3.4. Data on performance of other health programmes.

##### 6.1.3.5. Epidemic/out-breaks data/investigation report for last three years.

##### 6.1.3.6. Medical Emergencies at each health institution for last three years.

##### 6.1.3.7. Information on Eligible Couples.

##### 6.1.3.8. Sector-wise Demographic Profile of FP acceptors for last three years.

#### 6.1.4. INFRASTRUCTURE - HEALTH

##### 6.1.4.1. Private Practitioners

- Qualified

##### 6.1.4.2. Private Hospitals/Nursing Homes with bed strength.

##### 6.1.4.3. No. of Sub-centres

##### 6.1.4.4. No. of PHCs

##### 6.1.4.5. No. of Block PHC/CHC/PP Centre and Referral Hospital

- 6.1.4.6. Budget for each institution for the year 1995-96 and subsequent years.
- 6.1.4.7. Vehicles with status.
- 6.1.4.8. Cold Chain equipment available/status
- 6.1.4.9. Supplies of drugs and other equipment
- 6.1.4.10. Personnel Section
  - Staff in position
  - vacant position
- 6.1.4.11. Other Health Facilities
- 6.1.5. **INFRASTRUCTURE**
- 6.1.5.1. Roads/other means of transport
- 6.1.5.2. Population of villages
- 6.1.5.3. Electricity Connections at PHC/Subcentre
- 6.1.5.4. Drinking water-all villages
- 6.1.5.5. Education/Adult Education facilities
- 6.1.5.6. Ration shop
- 6.1.5.7. Panchayat
- 6.1.5.8. Post office
- 6.1.5.9. NGOs
- 6.1.5.10. Banks
- 6.1.5.11. ICDS
- 6.1.5.12. Accessibility to Sub-centres
- 6.1.6. Sector maps showing important infrastructural facilities.

6.2 **Format** of Model PHC Family Welfare and Health Care Plan is given at **FORM-3**. States are free to enlarge upon this basic format to suit their own needs.

### 6.3 **General Guidelines for Preparation of PHC Family Welfare & Health Care Plan**

6.3.1. **Objective** : The objective of the plan may be stated in terms of improvement in the coverage and acceptance of various health & family welfare services provided through the Primary Health Centre and the Sub-Centres under the PHC.

6.3.2 **Strategies** : The strategies to be adopted may be expressed in terms of :-

- i. improving availability of the medical and para-medical personnel at the PHC/Sub-Centre at the timings indicated in advance.
- ii. maintaining the premises clean and hygienic.
- iii. organising meetings with Panchayat members, Primary School teachers, women's groups, youth clubs, anganwadi workers, ex-servicemen etc. to prepare the plan and to spread health and family planning messages.
- iv. stocking adequate quantity of medicines and supplies in advance.
- v. raising local resources to supplement the support given by the Government to augment the supply of medicines, etc.
- vi. organising Swasthya Melas with the help of community support.
- vii. utilisation of local NGOs and private practitioners including ISM&H in preventive and promotive health education and distribution of oral pills and condoms etc.

- 6.3.3 **Organisation of Services** : The expected need for various services should be first assessed in the beginning of the year and indicated in the format. The places where these services will be made available should also be indicated in the plan - along with the days on which such services will be available, for instance in the case of sterilisation, days on which sterilisation will be done in the PHC may be indicated. Similarly, days of immunisation sessions in various sub-centres/villages may be indicated in the Plan, keeping in view the PPI posts also.

The timings of OPD, special sessions for counselling for family planning, timings for follow-up of contraceptive acceptors etc. may also be clearly indicated in the Plan.

- 6.3.4 **IEC Strategy** : Local-specific IEC activities should be a vital component of PHC Plan. The type of IEC activities to be organised may be finalised in consultation with the community leaders and all the activities proposed for the year should be included in the Plan.
- 6.3.5 **Review of implementation of Plan** : The system of reviewing implementation may be specified in the Plan. Such review could be done through monthly meetings of the staff, as well as with members of the village panchayats of the PHC area etc. every quarter.

## **7. PREPARATION OF DISTRICT & STATE FW&HC PLAN**

Aggregation of plans of all the PHC's CHC's Rural Hospitals and District Hospital functioning in a district give us the District FW&HC Plan. Similarly aggregation of all the District FW&HC Plans of the State give us the State FW&HC Plan. The plans, prepared at the field level, become the driving force for the programme. However, the plans at each successive higher level are not simply the aggregate of the plans at the lower levels. Each level must also plan for its activities. Thus, while ANMs at Subcentre level would plan for carrying out desired activities, PHC would have to plan for providing support through inputs from the medical officers and supervisors. They would also need to plan for necessary logistics support. The District level may need to plan for improving access, availability and quality of services. The plans at each level would have to use an appropriate mix of coverage, unmet need and quality of care objectives. The District level Plan should provide for an elaborate system of field checking to ensure quality of services at PHC and Sub-centre level. The State level Plan must provide for an elaborate system of field checking in each district of the State. The State Plan must also elaborate the logistic arrangements for supply of essential inputs for Family Welfare Programme down to the PHC, Sub-centre & Panchayat level.

## 8. MONITORING AND EVALUATION

ANM and Health Worker (Male) at Subcentre level and Supervisors & Medical Officers at PHC level form the backbone of the Primary Health Care Delivery System. Any attempt at improving the quality of care of family welfare services must take a look at the functioning of these functionaries.

Monitoring of the quality of care provided by these functionaries is proposed to be done through following instruments.

a. Monthly Activity Report.

b. Technical Assessment Checklist.

This has following 3 parts.

- i. Observation on skills and practices.
- ii. Facility check list.
- iii. Knowledge and opinion of community.

Monthly Activity Report is to be submitted by the functionary him/her self to his/her next supervisory officer. The Supervisory officer shall fill up the Technical Assessment Checklist. The Checklist about observations on skills and practices shall be filled up after the Supervisor actually observes the functionary on the job. The Facility Checklist shall be filled up after actual inspection of the stock and stores provided to the functionary for carrying out his/her duties. The Checklist about knowledge and opinion is to be filled up in following way.

- Select the worker/doctor for review.
- Select one of the villages randomly in his/her area.
- Start with a household with most recent birth.
- Interview 10 eligible couples with youngest child less than 2 years.
- (Additional target groups are to be interviewed in case of assessment of performance of MO, PHC)

The most important use of this review is to strengthen the supervisors ability to take corrective action. It should be seen as a part of on the job training for skill improvement and enhancement at all the levels.

### 8.1 Performance of ANM:

There are 23 activities to be carried out by ANM under Family Welfare Programme (Form-1). For evaluation of the ANM for carrying out these activities following instruments are to be used.

#### 8.1.1. Monthly Activity Report by ANM (Form-4)

Monthly activity report of ANM is a two page document listing 27 items to be carried out. The worker should report not only the services she provides but also the services provided by others in the area. For example, if a woman gets ANC services from a private clinic, should the worker include those in her activity report? Yes, she must report all services received by people in her area. She can collect the information from clients during household visits as she is expected to visit all households at least once a quarter.

### **8.1.2 Technical Assessment of ANM by the Supervisor**

It shall be sent by LHV. The report shall have following parts:

- i. Assessment of ANM's records (**Form 4.1**)
- ii. Observations on skills & practices (**Form 4.2**)
- iii. Facility checklist (**Form 4.3**)
- iv. Knowledge and Opinion of EC/Community (**Form 4.4**)

### **8.2 Performance of Female Health Assistant/LHV**

Health Supervisor(Female)/LHV has a very important role to play in ensuring supervision of ANM's under her charge and giving them on the job training besides carrying out other functions. Following formats are to be used for the evaluation of her performance.

#### **8.2.1 Monthly Activity Report by Female Health Assistant/LHV in Form 5.0**

#### **8.2.2 Consolidated Monthly Report for all Female Health Workers under the Female Health Assistant/LHV in Form 5.1**

#### **8.2.3 Technical Assessment Report by Supervisor shall be sent by Nurse Midwife/Staff Nurse/PHN. It shall have following parts**

- (i) Technical assessment checklist for assessing skills of Female Health Assistant (**Form 5.2**)
- (ii) Technical assessment checklist for use by the supervising official while the Female Health Assistant supervises a worker (**Form 5.3**)
- (iii) Knowledge and opinion of the community (**Form 5.4**)

### **8.3 Performance of Health Worker (Male)**

Following formats are to be used for the evaluation of the performance of Male Health Worker.

#### **8.3.1 Monthly Activity Report by HW(M) in Form-6.**

#### **8.3.2 Technical Assessment Report by supervisor shall be sent by the Health Asstt. (Male). It shall have following parts.**

- i. Observation on skills and practices (**Form 6.1**)
- ii. Knowledge and opinion of the EC/Community (**Form 6.2**)

### **8.4 Performance of Male Health Assistant**

The Male Health Assistant is the first level supervisor in PHC setup. He has an important role to play in ensuring supervision of Male Health Workers under him besides giving them on the job training.

#### **8.4.1 Monthly Activity Report by Male Health Assistant in Form 7.0**

#### **8.4.2 Consolidated Monthly Report for all Male Health Workers under the Male Health Assistant in Form 7.1**

#### **8.4.3 Technical Assessment Report by Supervisor shall be sent by Medical Officer PHC. It shall have following parts :-**

- (i) Technical assessment checklist for assessing skills of Male Health Assistant (**Form 7.2**)
- (ii) Technical assessment checklist for use by supervising official while the Male Health Assistant supervises a worker (**Form 7.3**)
- (iii) Knowledge and opinion of the community (**Form 7.4**)

#### **8.5 Performance of Nurse-midwife/Staff Nurse/PHN**

Nurse midwife is a key technical health professional in the PHC. She is a second level supervisor as well as the professional at the PHC. Following formats are to be used for evaluation of her performance.

##### **8.5.1 Monthly Activity Report in Form 8.0**

##### **8.5.2 Technical Assessment Report shall be sent by the District Public Health Nurse or by another district level female officer designated by the Chief Medical/Health Officer of the district. It shall have following parts :-**

- (i) Observation on skills and practices (**Form 8.1**)
- (ii) Clinical skill assessment (**Form 8.2**)
- (iii) Higher Level Clinical skill assessment (**Form 8.3**)
- (iv) Opinion of selected community members (**Form 8.4**)

#### **8.6 Performance of Block Extension Educator**

The Block Extension Educator is also a second level supervisor in the PHC set-up. Following formats are to be used for evaluation of performance of the Block Extension Educator.

##### **8.6.1 Monthly Activity Report by BEE in Form 9.0**

##### **8.6.2 Technical Assessment Report by the supervisor shall be sent by District Extension and Mass Media Officer or Health Education Officer for Equivalent Officer. It shall have following parts:-**

- (i) Observation on skills and practices of BEE (**Form 9.1**)
- (ii) Knowledge and opinion of the community (**Form 9.2**)

#### **8.7 Performance of Medical Officer PHC**

Medical officer of PHC plays a crucial role in the primary health care system. There are 25 activities to be carried out by MO, PHC. Following formats are to be used for the evaluation of the performance of medical officer of PHC.

8.7.1 Monthly Activity Report by MO, PHC in Form-10.

8.7.2 Technical Assessment Report by Supervisor.

It shall be sent by Block Medical Officer. It shall have following parts.

- i. Observation on skills and practices (Form 10.1)
- ii. Facility check list (Form 10.2)
- iii. Knowledge and opinion of community (Form 10.3)

8.8 Periodicity of Supervision:

While the monthly activity report is to be submitted by the functionaries once every month to their supervisors, the technical assessment is proposed to be taken up once in a quarter. The supervisors have to check out time table to cover all the workers/doctors working under them at least once every quarter. LHV shall review the work of ANMs once every month.

8.9 Inspection and Supervision

Following system of inspections shall be followed to supervise the qualitative aspects of the reporting. For all supervisory inspection formats of Technical Assessment Check lists be used.

8.9.1 District Health Officer shall ensure inspection and supervision of the work of atleast two ANMs, two HW(M) and one MO (PHC) per PHC for all the PHCs in the district once every year.

8.9.2 State Directorate of Health & Family Welfare shall ensure inspection and supervision of work of atleast two ANMs, two HW(M) and one MO (PHC) per PHC for 10 percent of the randomly selected PHCs in a district with respect to 10% of the districts once in a year.

8.9.3 Evaluation and Intelligence Division of the Department of Family Welfare, Ministry of Health and Family Welfare has 8 Regional Evaluation Teams. Their area of jurisdiction is as follows. Each team shall be carrying out inspection in two districts of one of the States allocated to them every month. They shall inspect work of atleast two ANMs, two HW(M) and one MO (PHC) in 10 percent of the randomly selected PHCs of each district. Each State Government shall provide necessary technical assistance to the Regional Evaluation Team to carry out the inspection.

Sl. No.	HQ. of the Regional Evaluation Team	States of jurisdiction
1.	DELHI	J&K, HIMACHAL PRADESH, PUNJAB, DELHI, HARYANA, RAJASTHAN, CHANDIGARH
2.	LUCKNOW	UTTAR PRADESH
3.	PATNA	BIHAR
4.	CALCUTTA	WEST BENGAL, SIKKIM, ASSAM, TRIPURA, MEGHALAYA, ARUNACHAL PRADESH, NAGALAND, MIZORAM, MANIPUR
5.	PUNE	MAHARASHTRA, GUJARAT, DAMAN & DIU, GOA, DADRA & NAGAR HAVELI

Sl. No.	HQ. of the Regional Evaluation Team	States of jurisdiction
6.	BHOPAL	MADHYA PRADESH, ORISSA
7.	BANGALORE	KARNATAKA, ANDHRA PRADESH
8.	MADRAS	TAMIL NADU, KERALA, LAKSHADWEEP, PONDICHERRY, A&N ISLANDS

### 8.10 Client Based Records:

Another step suggested for improving the quality of services is to introduce client centred approach in record keeping. The system of recording different services in different registers, has been found to hinder this approach. This is so because the ANM does not have in front of her, a full record of the client's health needs when she meets her at home or in the clinic. If the ANM could have such a record, presumably she will be able to provide services in a comprehensive manner. Incidentally, if the clients can read their records, they themselves will know what services they are entitled to get.

This assumption was tested in Maharashtra and found to hold good. This was done by introducing a "Family Health Card" which replaced all registers. Use of the Family Health Card led to improvement in coverage of services and in quality of supervision. It also reduced the burden of record keeping. Some states like Tamil Nadu and UP have developed comprehensive Mother and Child registers, which are similar in concept, to the Family Health Card. In case of Tamil Nadu, services are recorded in three registers (EC, Mother Care, Child Care). In UP, services are recorded in 2 registers (EC and CSSM). These registers are easy to use, and contain all services given to a client (i.e. a pregnant woman, EC or a child), in one place. Family Health Card of course goes much further in that direction. Simplifying the concept of Family Health Card, a format for Client-Based RCH related services provided to mother and her children is suggested.

It is recommended to change over to Client-Based records on a pilot basis at this stage. It is suggested that this format is used as an instrument to be used in the rapid surveys meant to assess the coverage and quality of services. This instrument will help in assessing the extent to which the ANMs maintain client-centred information, and also the comprehensiveness and quality of services. If the ANMs find this format useful as a basic record, then these may be introduced at a later stage. Some states may consider trying these records in one block, to assess their efficiency and costs (FORM-12).

#### 8.10.1 Registers and Record at Subcentre level

Manuals for Health Worker (Female)/ANM and Health Worker (Male) and instructions of the state governments have defined a number of registers and records to be maintained at sub centre level. There is no intention to change the existing records being maintained by Health worker (Female)/ANM and Health Worker (Male) at sub centre level.

#### 8.10.2 Eligible Couple Register

Eligible Couple Register should be updated every year in the month of April every year after a fresh door to door survey by the ANM.

### 8.11 Procedures for the Rapid Survey by PRC or other Agencies

For assessing the coverage, quality and client satisfaction with the FW services, client surveys will be conducted, by independent agencies in each district, once a year. These surveys will be designed to be economical and rapid so that the results will be available within a month of starting the surveys. Survey instruments will be kept short and simple, keeping these requirements in mind.

The suggested sampling method for the rapid survey is:

- ¢ Select 25 PHCs randomly per district.
- ¢ Select 2 ANMs randomly per PHC.
- ¢ Select one village from the ANM's area.
- ¢ Using cluster sampling method select 20 ECs in each village.

For each selected households, information included in the Client-Based FW Record will be obtained by first extracting that information from worker's register, and then confirming it with the clients. In case the family is not recorded with the worker, the information will be collected only from the mother. This process of extracting information from worker's registers is meant for improving the quality of their recorded data, over time.

In addition to the services, information will be collected on EC's knowledge, attitude and satisfaction with the services. The proposed format is shown in **FORM-13**. Data thus collected from 1000 ECs per district, will be adequate to provide very useful measures of quality, and coverage of various services. The survey design can be modified in terms of sample size and frequency of survey, by taking into account the cost aspects.

Along with the Rapid Survey, a Facility Survey will also be carried out, using a format somewhat similar to the supervisors check-list. This Facility Survey carried out by independent agency will corroborate the assessment of the supervisors and also provide an independent assessment of the skills, knowledge and facilities available with the ANMs and others once a year.

### 8.12 Monitoring System of CHC/FRUs and PP Centres for quality of Services:-

The system outlined above mainly deals with the services provided at the Subcentres and PHCs levels. A similar system of monitoring will be needed at the FRU level. In that system, in place of Client-Based record, there will be a Case Sheet. There will be a Monthly Activity Report from FRUs (**FORM-11**). In place of client survey, an in-depth analysis of a sample of case-sheets(**FORM-11.1**), and a facility survey at the FRUs(**FORM-11.2**) will be carried out once a year. These three components of the monitoring system together, will provide adequate information to assess quality of care provided at the FRUs, as well as their status in terms of specialists, staff, equipments, and supplies.

### 8.13 Monitoring indicators

Following is the illustrative list of three types of indicators which shall be used to assess the effectiveness and impact of the Target Free Family Welfare Programme. These are the indicators to assess the Accessibility, Quality and Impact of the Programme. The data required for calculation of these indicators shall be available from the monthly activity reports and from the technical assessment check lists.

### Indicators for Evaluation of Subcentres

Item	Accessibility Indicators	Quality Indicators	Impact Indicators
1. Ante-natal Care	No. of ECs/ANM	% ANC registered before 12 weeks	% deaths from maternal c causes among Ecs.
	% ANC sessions held as planned	% with 5 ANC visits	Maternal Mortality Ratio
	% SCs with no ANM	% ANC receiving all Services	Prevalence of maternal morbidity
	% ANMs without requisite skills		
	% SCs with working equipment for ANC	% High Risk referred	Mean Birth Weight
	% SCs with IFA, TT	% HR followed up	% Low Birth Weight
02. Intra Natal Care:	% ANM/TBA without requisite skills		
	% SCs with DDKs	% Deliveries by ANMs/TBAs	Prevalence of obstetric morbidity
	% SCs with infant weighing machines	% Birth weight recorded	Neonatal Mortality Rate
		% HR referred	
		% HR followed up	
03. Post-natal Care	% SCs with no ANM, TBA	% PNC with 3 PNC visits	Prevalence of Post-natal maternal morbidity
	% ANM TBA without requisite skills	% PNC receiving all counselling	Prevalence of Neo-natal morbidity
		% PNC complications referred	% Children breast fed within 6 hours of delivery
		% Complicated cases followed up	
04. Immunisation	No. of Infants/ANM	% Children 12-23 months fully immunised	% Deaths because of VPDs.
	% Immunisation sessions held as planned	% Drop outs from immunisation	
	% SCs with no ANM		
	% SCs with working equipment necessary for immunisation		
	% SCs with vaccine supplies		

Item	Accessibility Indicators	Quality Indicators	Impact Indicators
05. Family Planning	No. of ECs/ANM	% Ecs offered choice	Couple Protection Rate
	% SCs with no ANM	% Acceptors screened for contra-indications	Prevalence of terminal methods
	% ANMs without requisite skills	% Acceptors followed up	Prevalence of spacing methods
	% SCs with equipment for FP	% Acceptors with complications	
	% SCs with FP supplies	% complicated cases referred	% Abortions related morbidity
		% Referred cases followed up	
06 Surveillance for Diseases	% ANMs with requisite skills	% ECs screened for RTIs/STDs	Prevalence of RTIs/STDs
		% ECs counselled for prevention of RTI/STDs	
	% SCs with ORS packets	% ADD given ORS	Prevalence of ADD
	% SCs with medicines	% ARI treated	Prevalence of ARI
		% Children 12-23 months fully immunised	Prevalence of VPDs
		% Cases referred	% ADD related mortality
		% Referred cases followed up	% ARI related mortality

#### 8.14. Reporting System

The detailed format of preparing monthly reports from PHC/CHC/District Hospital/Private Hospitals is given in FORM-14. On this format information shall be collected by the Chief Medical Officer of the district before 5th of the following month and shall be sent by him to Director Health and Family Welfare of the State before 10th of the following month. The DH&FW of the state in turn shall forward this information with respect to the entire State to the :

Chief Director(E&I)  
Department of Family Welfare  
Ministry of Health & Family Welfare  
Govt. of India  
Nirman Bhavan  
New Delhi-110 011.

by 20th date of the following month through speed post or Fax No. (011)-3019066, (011)-3017740. Format of monthly report is given at **FORM-14**.

## 8.15 Summary Report

The summary report of the progress is also required to be given to Chief Director (E&I), Department of Family Welfare, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi by telegram or Fax No. (011)-3019066, (011)-3017740 by 7th of the following month by the Director Health & Family Welfare of the State.

### Summary Report to Govt. of India through FAX/Telegram

Items to be reported	Progress of the month	Cumulative total
Vasectomy done		
Tubectomy done		
Total Sterilisation done		
Condoms pieces distributed		
Oral Pill Cycles distributed		
TT(PW) doses given		
DPT doses given		
OPV doses given		
BCG doses given		
Measles vaccine dose given		
MTP performed		
Vit.'A' doses given		
ORS packets distributed		

## **9. TRAINING**

The Health and Family Welfare Programme is being implemented by adopting different strategies. The success of any programme primarily depends upon the competency of the programme personnel working at different levels. This requires development of human resources by organizing pre- and in-service training programmes. Therefore, an orientation is essential to undertake the new task. All along the target free approach is to be used in the delivery of family welfare services. Besides, there is a shift to RCH package services which aims at integration at all levels starting from adolescent reproductive health to plan family-size which ends in fertility reduction. This approach enlists the decentralized planning at different levels with active community participation to provide a continuous support. The supervisory personnel working at different levels should have skill in organising training and programme development at their level.

### **9.1 In-service training**

The Training Need Assessment is a pre-requisite for development of programme strategies. The Training Need Assessment (TNA) should be made for different categories of personnel working at various levels. The immediate training need is to orient the district and other personnel on the process of decentralized planning and target free approach.

### **9.2 Objectives of the Training would be:**

1. Plan and implement Family Welfare Programmes based on situational analysis at Sub-centre and PHC level.
2. Establish information system at various levels and utilise it for planning, implementing, monitoring and evaluation.
3. Perform the role of trainers at their levels.
4. Co-ordinate with other development sectors in the delivery of RCH services.
5. Involve the community in planing, implementing and evaluating health and family welfare programmes.

### **9.3 Making a District Training Plan**

- 9.3.1 The planning and implementation of training must be at the district level. The training has thus to be seen as a responsibility of the district. The district must ensure that all personnel are exposed to the training programmes at regular intervals.
- 9.3.2 A minimum universalised package of training for all categories of health personnel is essential. However, flexibility in choice of modules or topics and therefore the duration to meet the special needs of districts is possible.
- 9.3.3 While top most priority has been given for knowledge and skill development of the health providers, it is also considered necessary that the functionaries of other departments working at the grass root level who are already of great help in furtherance of maternal and child health care programmes should be coopted fully into the programme. It is thus recommended that a "team approach" should be built up at the grass root level. To further the efficacy of functioning of the "village team" of

ANM/AWW/TBA, it is recommended that joint orientation/ training of these functionaries should take place in all districts. Any experiments in joint training in any State should be studied and followed with modifications if necessary. The district planning should incorporate this joint orientation/training as well.

- 9.3.4** NGOs/voluntary organisations/private hospitals, universities, autonomous institutions may be utilised for training purposes.
- 9.3.5** The initial training at the district may not be sufficient for required skill development e.g. I.U.D. insertions, sterilisation operations, and delivery cases. This may require placement of the trainees to different health facilities at a later date. To ensure quality, a minimum prescribed number of procedures will have to be carried out by each trainee before she is certified as having been trained. District training has to be flexible enough to allow this.
- 9.3.6** District Training Coordinators and the Trainer must certify the trainee as having acquired requisite skills. This is necessary to ensure accountability of the system.
- 9.3.7** While this model plan has not specifically mentioned urban areas, the training planning for urban areas should be on similar lines.

## 10 I.E.C. PROGRAMMES

Communication Programmes aim at generating demand and better utilization of health and family welfare services in the community and empowers people to take care of their health. The Government of India provides guidelines for IEC programmes in each State and allocates the budget planned at State level and distributed to the District and below:

Now, it is being realized that the IEC programmes have to be area specific and addressed to the problems of the area. This warrants decentralized planning approach in designing IEC programmes.

The community receives different messages from peripheral functionaries of different departments of Health, Nutrition and Family Welfare. It necessitates uniform approach to the target audience by different personnel. The another important dimension of IEC programme must be based on needs of the area.

It is observed that there is a need for improving interpersonal communication skills among the health providers at grassroots level. The existing communication resources are not fully utilized.

### 10.1 Available Media Equipments and Materials:

Media equipments and materials available in PHC.

- i. Film Projector
- ii. Cassette player
- iii. 8 mm Projector
- iv. Tape Recorder
- v. Slide projector
- vi. Communication materials given by ICDS
- vii. Communication materials given by UNICEF and AIDS cells.

### 10.2 Communication Needs.

The situation Analysis of PHC reveals the following thrust areas for designing IEC programmes:

- \* Reproductive Health of Adolescent Girls
- \* Counselling of adolescents entering the reproductive age group for family life education
- \* Women's education
- \* Higher age at marriage
- \* Early Ante-natal registration and Care
- \* Nutrition during pregnancy and lactation
- \* Institutional delivery
- \* Vaccine preventable diseases
- \* Protected water supply
- \* Diarrhoea and ARI Management

- \* Low Birth weight
- \* Birth Interval, Birth Spacing
- \* Medical Termination of Pregnancy
- \* Child labour
- \* Childhood disability
- \* Rational drug use
- \* Breast feeding

### **10.3 IEC Methodology**

The proposed IEC activities in the PHC will have the following objectives:

- I. Identify the communication needs in their areas.
- ii. Identify and utilise the communication channels effectively in the community
- iii. Utilise the available Audio Visual materials effectively.
- iv. Improve interpersonal communication skills among peripheral workers.

### **10.4 IEC strategy**

Even though the awareness about Health and family welfare programme, is more but the acceptance and the utilisation are not upto the expected level. There is a wide gap between the awareness and the acceptance of healthy way of life. It is observed that many of our Health personnel are lacking interpersonal communication skills. It is also observed that there is no proper functional co-ordination on IEC activities among inter and intra-departmental personnel working at various levels. So, the proposed IEC strategies are as follows:-

- i. Identifying the communication needs to plan IEC activities.
- ii. Involve community and NGOs through unified messages.
- iii. Effective use of mass media for back up (Ex. Cable T.V. folk media).
- iv. Strengthening Interpersonnel communication.

### **10.5 Existing IEC Schemes**

#### **10.5.1 CENTRAL SECTOR IEC SCHEMES**

##### **(i) Sensitization of Opinion Leaders:**

With the support of UNFPA this scheme is being implemented in 135 weak districts to sensitize various Opinion Leaders such as religious, social, political, official and other leaders of the society.

##### **(ii) Hiring of TV/VCP Scheme:**

This scheme is being implemented from 1994-95 to organise video shows by hiring TV/VCP in demographically weak districts to create awareness for small family norm.

##### **(iii) Scheme of health awareness through Nehru Yuva Kendra Sangathan:**

##### **(iv) Population Clocks:**

Population Clocks have been installed at ISBT, AIIMS, Pragati Maidan and Nirman Bhavan, Delhi, Tribune Office, Chandigarh and Bus Stand of Bangalore. The Population Clock at Lucknow has been installed. It is shown on the T.V. also.

(v) **Counselling of Health Workers:**

This scheme is to be implemented with UNFPA assistance in the States for success of the Family Welfare Programme by using counselling approach. An amount of Rs. 1261.4 lakhs will be available for the year 1995-96 to 1997-98 for this activity.

(vi) **Swasthya Mela**

The main intention is to make family welfare synonymous with family health care in order to improve the credibility of the health care delivery system and promote the small family norm. Swasthya Melas are being organised in the States, at the PHC level which are ill served.

(vii) **Pulse Polio Immunisation (PPI):**

For eradication of Polio from the country unprecedented social mobilization of PPI is being done through multi-media approach.

(viii) **IEC for School Health check up:**

For social mobilisation and for Primary School Health Check-up, campaign approach is being followed to create awareness of its importance among the people of India.

(ix) **PHC Sensitisation:**

Since this Ministry gave up the target approach, all kinds of opinion Leaders are being sensitised for making suitable Family Welfare Plan for themselves. This is a beginning for bottom up approach.

(x) **Social Safety Net Schemes:**

The scheme is being implemented with World Bank assistance in 90 demographically weak districts of the country. The scheme envisage infrastructural facilities at PHCs.

(xi) **Population Education through NGOs:**

NGOs who wish to work on Population Education are being provided with funds for running Population Education activities.

(xii) **IEC Fellowship:**

IEC short term training cum observation study tours are being organised with the support of WHO-funding for updating the knowledge of IEC Officers working for Family Welfare Programme.

## 10.5.2 IEC SCHEMES IN STATES/UTs.:

(i) **Mahila Swasthya Sangh:**

74,177 Mahila Swasthya Sanghs are working in States/UTs. at grass root levels for creation of awareness about Health and Family Welfare Programmes through inter-personal communication.

(ii) **Joint Training:**

The Joint Training Scheme is being implemented to train the grass root level workers and bringing about convergence with ANM & Anganwadi Workers.

(iii) **Training of Block Extension Educators (BEE)**

Block level Extension Educators are being oriented for 14 days training in IEC activities.

(iv) **Local Specific IEC Activities:**

The folk activities are being organised in regional languages and local specific printed materials are being printed and distributed in demographically weak districts.

(v) **Mass Education and Media (MEM) Activities:**

OTC, Exhibition, Films shows, printed publicity, advertisement in newspapers, Bus panels, population education in schools, celebration of national and international days, workshops, seminars and social mobilization etc. are being organised under this scheme.

(vi) **IEC Bureau:**

For better functioning of IEC set-up in the States/UTs Bureaus are being set up.

**10.5.3 Population Education Projects of IEC**

(i) **National Council of Education Research and Training.**

Project aims integrating population related messages in the curricula and text books, training of teachers and allied functionaries and popularising the message of small family norm among the younger generation through co-curricular activities. It is being implemented all over the country through NCERT in schools and non-formal education centres.

(ii) **University Grants Commission (UGC)**

Through youths of universities and colleges the issues concerning family size, quality of life and the impact of population growth are publicised for creating awareness and generate demand for small family norm. The programme is being implemented through Population Education Resource Centre (PERCs), established in the Department of Adult, Continuing Education and Extension in 12 Universities.

(iii) **Deptt. of Adult Education (DAE)**

Under this project steps are being taken to integrate population education components with total literacy campaign. It is expected that about 70% of illiterate girls and women will receive population education messages through this effort.

(iv) **Directorate General of Employment and Training (DGET)**

The project would seek to include education and counselling of students of ITIs in the areas of gender relations and equality, responsible sexual behaviour and family planning practice, family life, reproductive health, sexually transmitted disease, HIV infection and AIDS prevention.

## 11 ALTERNATE STRATEGIC INITIATIVES AT DISTRICT LEVEL:-

. Targets in the Family Welfare Programme, for long, have been the driving force and have guided its operations. A major strategic issue is - what alternate driving force should be used in the absence of targets. Several possibilities need to be considered.

**11.1 Increasing coverage :** The targets for service provision are substituted by those for coverage of different programme services as the major force. Targeted coverage levels may differ for different population segments. Many states have revised (or are considering revising) MIS to reflect this focus. For instance, in Maharashtra, the focus is on coverage within a sub-centre area by different services rather than services provided by a specific ANM. The main instrument for organising work becomes the family register or card. The record of specific services provided could emanate from specific service delivery sites (immunization sessions, camps, clinics etc.) or from service delivery records. The coverage-based focus is closest to the current target system. Its advantage is that it removes method-specific targets in family planning and minimizes conflict for 'credit' for services. While this focus leads to improving accessibility and availability of services, it does not directly emphasize improvements in quality of care.

**11.2 Reducing Unmet Need :** Here the targets are substituted by the unmet need for services. For family planning, this means focus is on couples who do not desire additional child or wish to space their next child but are not practicing contraception. For most other MCH/RH services (such as ANC), the goal of providing services to all those who need it remains. The advantage of using unmet need as a focus is that it separates out the responsibility of providing services to that of institutionalizing small family norms. It also may lead to focus on those geographic areas where the unmet needs may be the highest, and appropriately emphasise demand creation and service delivery interventions.

**11.3 Ensuring Quality of Care :** Here the major driving force is making quality services, defined according to specific standards, accessible and available. The onus of use of these services is on clients. Generally accessible quality services are utilized better and thus both coverage would increase over time and unmet need would reduce. But this may not happen for services whose need is not perceived. For instance, many women have silently suffered RTIs and have not been able to seek or have not sought such services. So IEC coverage may have to accompany improved quality if the utilization of such services is to increase rapidly.

FORM - I  
Norms for Service Needs by Type of Activity Under FW-RCH for ANM  
(\*\*\*indicate no norm to be set)

Activity	Type	Suggested Norm
1. ANC's Registered(total)	Task	Pop * BR* 1.1
2. Early Registration(less than 16 weeks)	Qual	60% of ANC Reg
3. ANC's received TT 2 doses	Task	100% of ANC Reg
4. ANC's received IFA Therapy	Qual	50% of ANC Reg
5. ANC's completed 3 visits	Qual	90% of ANC Reg
6. ANC's Clinics conducted	Task	1/1000 pop/month
7. ANC's examined	Task	3* ANC's registered
8. ANC's referred	Qual	15% of ANC Reg
9a. Institutional Deliveries	Qual	33% of Exp. Delivery
9b. Deliveries by trained person	Qual	95% of Exp. Delivery
10. PNC's completed 3 visits	Task	100% Exp. Delivery
11. MTP's referred	Task	*****
12. Birth Weight recorded	Task	95% of Exp. Births
13. BW below 2.5 kg.	Qual	*****
14. High risk newborns referred	Task	10% of live births
15. No. Imm sessions conducted	Task	1/1000 pop/month
16. Immunizations:		
a. BCG	Task	100% of live births
b. DPT(3)	Task	100% of live births
c. Polio(3)	Task	100% of live births
d. Measles	Task	100% of live births
17. Children fully immunized	Qual	No. of live births
18. Children 9m-3yr given Vit A (5 doses)	Task	100% children
19. Adverse imm. events referred	Task	*****
20a. Joint sessions with AWW	Task	100% of AWW/pm
20b. Joint sessions with Dai	Task	100% of Dai/pm
20c. Joint sessions with women's groups	Task	100% of women group/pm
21a. Total Eligible Couples listed	Task	*****
b. Enlisting acceptors of Pmt. methods	Task	*****
c. Enlisting acceptors of Spacing methods	Task	*****
22a. Cases reported	Surveillance	
i. Polio		
ii. Measles		
iii. NN Tetanus		
iv. ARI U5 treated		
v. ARI U5 referred		
vi. Diarr. U5 treated		
vii. Diarr. U5 referred		
22b. RTI/STD referred	Surveillance	
22c. Gyn Prob referred		
22d. Infertility cases referred		
23. Vital events recorded		
a. Live births		
b. Neonatal deaths (U28d)		
c. Infant deaths (under 1y)		
d. Child (1-5) deaths		
e. Maternal deaths		
f. Marriages		
g. Marriages of girls below 18 years		

FORM -2  
SUB CENTRE ACTION PLAN

**A. GENERAL**

PHC: \_\_\_\_\_  
Population of Sub-centre \_\_\_\_\_  
(rounded to nearest thousand)

Sub-centre \_\_\_\_\_  
Name of ANM/ \_\_\_\_\_  
Female Health Worker

**B. SERVICES**

Sl. No.	Services	Method of assessing demand of the area of sub-centre		Felt need of the population of the sub-centre	
		Coverage norm 1996-97	Methodology (Example of a state with birth rate of 20 & 5000 population per sub-centre)	Annual	Month
(1)	(2)	(3)	(4)	(5)	(6)
1.	A.N. Registration MCH, Nutritional Counselling, & Prophylaxis for Nutritional Anaemia	100%	$\begin{array}{r} \text{Population X BR} = 5000 \times \frac{20}{1000} = 100 \\ \text{Add 10\% pregnancy wastage} = 10 \\ \hline 110 \end{array}$		
2.	Early A.N. Registration (i.e. within 16 weeks)	60% of the AN Mother	$110 \times \frac{60}{100} = 66$		
3.	Detection and referral of high risk pregnancies (15% of AN Mothers will be high risk Mothers)	100% of the High Risk Mothers	$110 \times \frac{15}{100} = 16.7 = 17$		
4.	Detection and Treatment of Anaemic Mothers	50% of the AN Mothers	$110 \times \frac{50}{100} = 55$		
5.	T.T. AN Mothers	100% of AN Registered	$110 \times 2 = 220$		
6.	3 visits completed AN Mothers	Minimum 3 visits to be given.	CSSM Schedule of AN visits to be followed  110 mothers to be completed with minimum of 3 visits		
7.	Institutional Delivery (GH + PHC + HSC + PNH)	33% of the expected delivery	$100 \times \frac{33}{100} = 33$		
8.	Skilled attention at delivery (Institution + Health Worker + Trained Dai)	95% of the expected delivery	$100 \times \frac{95}{100} = 95$		
9.	Growth Monitoring of the New Born Live Births	95% of birth weight recording	$100 \times \frac{95}{100} = 95$		

(1)	(2)	(3)	(4)	(5)	(6)
10.	Detection and referral of high risk new born	10% of the live births	10		
11.	Infant Immunisation (BCG, DPT, OPV, Measles) (DPT/OPV Boosters) (DT at 5 years)	100% of the infants	100		
12.	Vit. 'A' Solution for the children from 9 months to 3 years every six months	100% of the children upto 3 years	$100 \times 5 \times 5 = 2500$		
13.	Diarrhoea cases treated with ORT each child in 0-5 years age group is likely to get 3 episodes of diarrhoea in a year	100% of Episodes	$100 \times 3 \times 5 = 1500$		
14.	ARI/Pneumonia cases (upto 5 years)	100%	Each child in 0-5 years is likely to get 2 episodes of ARI in a year. 10% of ARI cases are likely to be pneumonia cases		
15.	F.P. Acceptance	Acceptance of contraception by all eligible couples in the area	(a) number of couples with 3 or more children (i) number already accepted a permanent method (ii) number expected to accept a permanent method during the year (b) number of couples with 2 children (i) number already accepted a permanent method (ii) number expected to accept a permanent method (iii) number expected to continue with/ accept a spacing method IUD OP Condom (c) number of couples with less than 2 children (i) number expected to continue with/ accept a spacing method IUD OP Condom		

### C. EQUIPMENTS

1.	IUD Kit	Available / Not Available
2.	Examination Table	Available / Not Available
3.	Weighing Machine	Available / Not Available
4.	BP Instrument	Available / Not Available
5.	Delivery Kits	Available / Not Available
6.	Steam Sterilisers	Available / Not Available
7.	Syringes & Needles	Available / Not Available
8.	Immunisation Cards	Available / Not Available

### D. FACILITIES & HELP AVAILABLE TO SUB-CENTRE

1.	Number of Trained Dais available	
2.	Number of Anganwadis working	
3.	Number of Voluntary ORS Depot functioning	
4.	Number of Private Medical Practitioners (MCH, ISM&H)	
5.	Number of Primary School Teacher	Male _____ Female _____
6.	Number of Panchayat Members	Male _____ Female _____

FORM - 3  
PHC FAMILY WELFARE & HEALTH CARE PLAN

**1. GENERAL**

1.1 State \_\_\_\_\_  
1.2 District \_\_\_\_\_  
1.3 PHC \_\_\_\_\_

1.4 Year \_\_\_\_\_  
1.5 Population of PHC \_\_\_\_\_  
1.6 Eligible couples \_\_\_\_\_  
on 1st April

**2. PERFORMANCE & EXPECTED DEMAND**

	SERVICE	PERFORMANCE LEVEL IN LAST YEAR 1.4.95-31.3.96	EXPECTED NEED IN NEXT YEAR AS COMPILED FROM SUB-CENTRE ACTION PLAN
	(1)	(2)	(3)
<b>2.1</b>	<b>FAMILY WELFARE</b>		
2.1.1	Male Sterilisation		
2.1.2	Female Sterilisation		
2.1.3	IUD Insertion		
2.1.4	Oral Pill Users		
2.1.5	Nirodh Users		
2.1.6	Follow-up Sessions for acceptors of  i. Sterilisation  ii. IUD  iii. Oral Pill		

	(1)	(2)	(3)
<b>2.2</b>	<b>MOTHER CARE</b>		
<b>2.2.1</b>	<b>Ante-Natal Care</b>		
2.2.1.1	ANC cases registered		
2.2.1.2	ANC cases with three contacts		
2.2.1.3	Detection & treatment of anaemic mothers		
2.2.1.4	TT to AN mothers (Total)		
2.2.1.4.1	TT(1)		
2.2.1.4.2	TT(2) / Booster		
2.2.1.5	Detection & referral of high risk mothers		
<b>2.2.2</b>	<b>Natal Care</b>		
2.2.2.1	Deliveries in PHC & Sub-centres		
2.2.2.2	Domiciliary deliveries conducted		
2.2.2.2.1	by LHV/ANM		
2.2.2.2.2	by Trained dai		
2.2.2.2.3	by Untrained dai		
2.2.2.2.4	by others		
2.2.2.3	High risk cases referred		
<b>2.2.3</b>	<b>Post-Natal Care</b>		
2.2.3.1	Birth weight recording of new born live birth		
2.2.3.2	Detection and referral of high risk new born		

	(1)	(2)	(3)
<b>2.3</b>	<b>IMMUNISATION</b>		
2.3.1	B.C.G.		
2.3.2	O.P.V.		
2.3.2.1	OPV routine		
2.3.2.2	OPV for PPI		
2.3.3	D.P.T. (1,2,3)		
2.3.4	Measles (after 9 months)		
2.3.5	DPT (18 months)		
2.3.6	OPV (18 months)		
2.3.7	D.T. (5 years)		
2.3.8	T.T. (10 years)		
2.3.9	TT (16 years)		
<b>2.4</b>	<b>IFA &amp; VIT. 'A'</b>		
2.4.1	IFA given to :-		
2.4.1.1	Pregnant women for prophylaxis		
2.4.1.2	Pregnant women for anaemia treatment		
2.4.1.3	Children below 5 years of age		
2.4.2	Vitamin A solution given to children 9 months to 3 years age (5 doses)		
<b>2.5</b>	<b>DIARRHOEAL DISEASES</b>		
2.5.1	Cases of diarrhoea under 5 recorded		
2.5.2	Cases treated with ORT		
<b>2.6</b>	<b>RESPIRATORY INFECTIONS</b>		
2.6.1	Pneumonia cases recorded in children under 5 year		
2.6.2	Cases treated with Cotrimoxzole		
2.6.3	Pneumonia cases referred		

### 3. MATERIALS AND SUPPLIES :-

	Items	Stock Position on 1st April	Additional quantity required in				
			1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TO
3.1	Contraceptives						
3.1.1	Nirodh (pieces)						
3.1.2	Oral Pill (cycles)						
3.1.3	IUD's						
3.1.4	Tubal Rings						
3.2	Dai Kits						
3.3	Vaccines (doses)						
3.3.1	DPT						
3.3.2	OPV						
3.3.3	TT						
3.3.4	BCG						
3.3.5	Measles						
3.3.6	DT						
3.4	Prophylactic Drugs						
3.4.1.	IFA Tablets (large)						
3.4.2	IFA Tablets (small)						
3.4.3	Vit. 'A' Sol. (100 ml)						
3.5	ORS Packets						
3.6	Cotrimoxzole						
3.6.1	Tablets (paediatric)						

#### 4. EQUIPMENT & FACILITIES

		TOTAL AVAILABLE	IN WORKING ORDER	ADDITIONAL REQUIREMENT
4.1	Vehicle			
4.2	Refrigerator			
4.2.1	I L R			
4.2.2	Deep Freezer			
4.2.3	Cold Box			
4.2.4	Vaccine/Day Carrier			
4.3	Xray Machine			
4.4	IUD Kits			
4.5	Examination Table			
4.6.1	Weighing Machine Adult			
4.6.2	Weighing Machine Infant			
4.7.1	BP Instrument			
4.7.2	Stethoscope			
4.8	Needles			
4.9	Syringes			
4.10	Autoclave			
4.11	Steam Steriliser Drums			
4.12	O.T. Table			
4.13	MTP Suction Apparatus			
4.14	Equipment for Infant Resuscitation			

## 5. INFORMATION, EDUCATION AND COMMUNICATION

5.1	Action taken to mobilise (a) The medical fraternity Allopathic, Ayurvedic, Unani & Homeopaths (b) The para medicals including Dais (c) Primary School Teachers (d) Panchayat Members (e) Ex-servicemen (army & civil) (f) N.G.O. activities (g) Anganwari worker	
5.2	Counselling facilities at PHC & Subcentre	
5.3	Action taken to mobilise (a) Village folk dances & singers (b) Street plays (c) Puppettlers (d) Video films (e) Radio (f) Film shows	
5.4	Urging Panchayat Members to prepare village level family welfare & health care plans	

## 6.0 VACANCY POSITION

	Category	Sanctioned		Vacant	
6.1	MO (Including Specialist)				
6.2	Dental Surgeon				
6.3	Staff Nurse/Nurse Midwife				
6.4	Pharmacist/Compounder				
6.5	Lab. Technician/Lab. Asstt.				
6.6	Radiographer				
6.7	Computer				
6.8	Driver				
6.9	Para-medical supervisors (Malaria Inspector, BEE, PHN, LHV)				
6.10	Multi-purpose worker	Male	Female	Male	Female

## ANM's Activity Reports for the Month \_\_\_\_\_

SC \_\_\_\_\_ PHC \_\_\_\_\_ Subcentre Population \_\_\_\_\_

No. of ECs \_\_\_\_\_ Current Users of FP \_\_\_\_\_

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
1. ANC Registration (total) 2. Early Registration (less than 16weeks) 3a. ANCs received TT1 3b. ANCs received TT2/Booster 4. ANCs received complete a. IFA Prophylaxis b. IFA Therapy 5. ANCs examined 6. ANCs completed 3 visits 7. ANC clinics conducted 8. High risk ANCs referred 9a. Institutional Delivery 9b. Delivery by trained person 9c. Delivery by untrained Dai/ Others 10. Birth Weight Recorded 11. BW below 2.5 Kg. 12. High risk newborns referred 13. No. of PNCs completed 3 visits 14. MTPs referred 15. No. Imm sessions conducted 16. No. of Children Immunized a. BCG b(i). DPT1 b(ii). DPT2 b(iii). DPT3 c(i). OPV1 c(ii). OPV2 c(iii). OPV3 d. Measles 17. Children fully immunized 18a. Children given Vit A doses 18b. Children completed 5 doses of Vit. A 19. Adverse events foll. Imm. 20a. Joint Sessions with AWW 20b. Joint sessions with Dai 20c. Joint sessions with women's groups					

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
21a. Users of pmt.methods (i) Vasectomy (ii) Tubectomy					
21b. Acceptors of spacing methods (i) IUD (ii) OP Users (iii) Condom Users (iv) Traditional/Indigenous method (v) Natural methods					
22. No. IUDs discontinued					
23. No. FP users followed-up					
24. Complications due to contraception					
25. Sterilization Failures	****				
26a. No. of cases of:					
Polio					
Measles					
NN Tetanus	***				
ARI U5 treated					
ARI U5 referred	***				
Diarr. U5 treated	***				
Diarr. U5 referred	***				
26b. No. of cases of Reproductive problems	***				
RTI/STD referred	***				
Other Gyn Prob. referred	***				
Infertility cases referred					
27. Vital Events Recorded:					
Live Births	***				
Neonatal deaths (28d)	***				
Infant deaths (under 1)	***				
Child (1-5) deaths	***				
Maternal deaths	***				
Marriages					
Marriages of girls below 18 years	***				

Technical Assessment Check-list  
Assessment of ANMs records

Month \_\_\_\_\_

PHC \_\_\_\_\_

Village \_\_\_\_\_

Sub-centre \_\_\_\_\_

ANM \_\_\_\_\_

HH	Name	Item1	Item2	Item3	Item4	Item5	Item6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Score		Total score					

- Items: (1) No. of living children,  
(2) Contraceptive status of EC,  
(3) Immunization status of the youngest child,  
(4) Did she receive TT/IFA during pregnancy  
(5) Whether the child was weighed at birth  
(6) Who did the delivery

Scoring system : ANM recorded the item correctly +1  
ANM recorded the item wrongly / not recorded 0

FORM - 4.2  
**Technical Assessment Check-list for ANM**  
**Observations on Skills, Practices and Facilities**

PHC \_\_\_\_\_  
 Sub-centre \_\_\_\_\_

Month \_\_\_\_\_  
 Name of ANM \_\_\_\_\_

	Yes/No	Comment
<b>Overall Quality Aspects</b>		
1. Washes hands before and after examination/treatment		
2. Uses principles of sterilization		
3. Respects the client seeking services		
<b>For New ANC:</b>		
1. Outcome of Previous preg recorded		
2. Asked about BOH/associate diseases		
3. Recorded LMP and EDD		
<b>For any ANC:</b>		
4. Did abdominal palpation		
5. Recorded BP correctly		
6. Recorded Hb Correctly		
7. Height and weight checked and informed the client		
8. Foetal heart sound heard		
9. Iron and folic acid tablets given		
10. TT given		
11. MCH card issued		
12. Did breast examination		
13. Advised on nutrition and rest		
14. Advised on place of delivery and preparation		
15. Reminded about next visit		
16. Checked for high risk and informed / referred for Child Immunization		
17. Uses single needle, single syringe		
18. Throws away opened measles vial		
19. Imm card filled		
20. Advised mother about next visit		
21. Cold chain maintained		
Postnatal Visit:		
22. Asked mother about:		
Fever		
Foul smelling discharge		
Bleeding		
23. Checked for		
Involution of uterus		
Cord healing		
Recorded baby weight		
24. Mother advised about:		
Proper breast feeding		
Keeping baby warm		
Contraception		
25. Counsels on contraception		
Contraception (for any method) :		
26. Uses screening criteria and rules out contra indications		
27. Informs woman about side effects and action		
Treatment of ARI / Diarrhoea		
28. Can count respiratory rate		
29. Advise about feeding and fluid		
30. Advises about danger signs		

## FACILITY CHECK-LIST FOR SUB-CENTRE

PHC \_\_\_\_\_ Month \_\_\_\_\_ Sub-Centre \_\_\_\_\_

Selected Equipments and Supplies	Available		Quantity/Quality
	Y	N	
<b>A. Facilities</b> Accommodation Water Electricity  <b>B. Furniture and Equipment</b> Examination Table Benches for clients Cupboard for drugs Foot stool Vessels for water storage Waste disposal containers Brooms and Mops for cleaning Steam sterilizer Delivery Kit Torch light Stove Weighing scale BP apparatus Vaccine carrier  <b>C. Supplies and Drugs</b> Thermoineter Gloves Syringes and Needles Slides for blood test ORS Packets DDKs Uristix Kerosene Co-trimoxazole Vit A solution IFA tablets (big and small) and syrup IUDs OPs Condoms Antiseptic solution Chloroquine tablets Paracetamol tablets Metronidazole tablets  <b>D. IEC material</b> Posters Models			

**Technical Assessment Checklist for ANM  
Knowledge and Opinion of EC/Community**

PHC \_\_\_\_\_ Month \_\_\_\_\_

Sub-centre \_\_\_\_\_ Village \_\_\_\_\_ ANM \_\_\_\_\_

	Households									
	1	2	3	4	5	6	7	8	9	10
Were you visited by the ANM during the last month										
Is the ANM available when needed										
Does she treat you with respect when you go to her										
Did you have any problem in the last pregnancy										
If yes, were you given timely advise										
Was your delivery conducted by a trained person										
Was your baby weighed after birth										
Were you visited at home after delivery										
Did you get information about proper breast feeding practices										
Do you know the danger signs of ARI										
Do you know what fluids are to be given to your child during diarrhoea										
Do you know against what diseases immunization is given to your child										
Do you know at what age Measles vaccine is given										
What is your desired family size										
How many children do you have										
Are you aware of contraceptive methods										
Are you aware of side effects of contraceptive methods										
Are you aware of the ideal gap between two children										
Have you had an abortion										
If yes, were you given advise and treatment										
Did you have RTI/Gynaea problem										
If yes, did you seek the services of ANM										

## FORM - 5.0

**Monthly Reporting Format for Health Assistant (Female) (LHV)**

Name of the HA (F) :

No. of ANMs under the HA (F) :

Month

Year

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
1. All ANMs living in head quarters					
2. Supervisory visits with ANMs (4 per ANM per month)					
3. Antenatal clinics attended/ supervised (1 per month per subcentre)					
4. Total villages visited for supervision and verification (app. 4 per ANM per month)					
5. Anganwadi centres visited (5 per ANM per month)					
6. Resistant eligible couples motivated (10% of ECs of each ANM)					
7. Houses visited for verification of ANC registration (10% of ANCs registered by each ANM)					
8. Postnatal mothers visited (10% of deliveries in each subcentre)					
9. Deliveries performed/supervised in institution (1 per month)					
10. Deliveries performed/supervised at home (1 per month)					
11. High risk antenatals identified (15% of ANCs in each subcentre)					
12. IUDs Inserted					
13. Supervisory checklists completed					
14. Registers verified					
15. Subcentre records verified					
16. Meetings with village elders					
17. Advance tour programme submitted					
18. Sector meetings conducted					
19. Adolescent girls meetings organised					
20. Helped in formation of women's groups					
21. Dai follow up done					
22. Follow up training for ANMs					
23. Counselling sessions conducted					

FORM - 5.1

**Consolidated Monthly Reporting Format of all Female Health Workers  
under the Female Health Supervisor**

No. of subcentres :                      Name of the supervisor :

Month :                      PHC

Year :                      :

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
1. ANC Registration (total)					
2. Early Registration (less than 16weeks)					
3a. ANCs received TT1					
3b. ANCs received TT2/Booster					
4. ANCs received complete					
a. IFA Prophylaxis					
b. IFA Therapy					
5. ANCs examined					
6. ANCs completed 3 visits					
7. ANC clinics conducted					
8. High risk ANCs referred					
9a. Institutional Delivery					
9b. Delivery by trained person					
9c. Delivery by untrained Dai/ Others					
10. Birth Weight Recorded					
11. BW below 2.5 Kg.					
12. High risk newborns referred					
13. No. of PNCs completed 3 visits					
14. MTPs referred					
15. No. Imm sessions conducted					
16. No. of Children Immunized					
a. BCG					
b(i). DPT1					
b(ii). DPT2					
b(iii). DPT3					
c(i). OPV1					
c(ii). OPV2					
c(iii). OPV3					
d. Measles					
17. Children fully immunized					
18a. Children given Vit A doses					
18b. Children completed 5 doses of Vit. A					
19. Adverse events foll. Imm.					
20a. Joint Sessions with AWW					
20b. Joint sessions with Dai					
20c. Joint sessions with women's groups					

CPHE

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
21a. Users of pmt.methods (i) Vasectomy (ii) Tubectomy					
21b. Acceptors of spacing methods (i) IUD (ii) OP Users (iii) Condom Users (iv) Traditional/Indigenous method (v) Natural methods					
22. No. IUDs discontinued					
23. No. FP users followed-up					
24. Complications due to contraception					
25. Sterilization Failures	****				
26a. No. of cases of:					
Polio					
Measles					
NN Tetanus	***				
ARI U5 treated					
ARI U5 referred	***				
Diarr. U5 treated	***				
Diarr. U5 referred	***				
26b.No.of cases of Reproductive problems	***				
RTI/STD referred	***				
Other Gyn Prob. referred	***,				
Infertility cases referred					
27. Vital Events Recorded:					
Live Births	***				
Neonatal deaths (28d)	***				
Infant deaths (under 1)	***				
Child (1-5) deaths	***				
Maternal deaths	***				
Marriages					
Marriages of girls below 18 years	***				

**Technical Assessment Check-list**  
**For assessing the skills of Female Health Supervisor directly**

Female Health Supervisor \_\_\_\_\_ PHC \_\_\_\_\_

Month \_\_\_\_\_ Supervising Officer r \_\_\_\_\_

Date of supervision \_\_\_\_\_

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
<b>Overall Quality Aspects</b>					
1. Washes hands before and after examination/treatment					
2. Uses principles of sterilization					
3. Respects the client seeking services					
<b>For New ANC:</b>					
4. Outcome of Previous preg recorded					
5. Asked about BOH/associate diseases					
6. Recorded LMP and EDD					
<b>For any ANC:</b>					
7. Did abdominal palpation					
8. Recorded BP correctly					
9. Recorded Hb Correctly					
10. Height and weight checked and informed the client					
11. Foetal heart sound heard					
12. Iron and folic acid tablets given					
13. TT given					
14. MCH card issued					
15. Did breast examination					
16. Advised on nutrition and rest					
17. Advised on place of delivery and preparation					
18. Reminded about next visit					
19. Checked for high risk and informed / referred					

\* E = Excellent; G = Good; A = Average and P = Poor

Note: For direct technical assessment of the skills of female health supervisor a case of IUD insertion must also be taken besides the ANC, PNC and an infant and EC. The supervising officer grades her skills while the female supervisor performs the activities.

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
<p><b>For Child Immunization:</b></p> <p>20. Uses single needle, single syringe</p> <p>21. Throws away opened measles vial</p> <p>22. Imm card filled</p> <p>23. Advised mother about next visit</p> <p>24. Cold chain maintained</p> <p><b>Postnatal Visit:</b></p> <p>25. Asked mother about:</p> <p style="padding-left: 40px;">Fever</p> <p style="padding-left: 40px;">Foul smelling discharge</p> <p style="padding-left: 40px;">Bleeding</p> <p>26. Checked for</p> <p style="padding-left: 40px;">Involution of uterus</p> <p style="padding-left: 40px;">Cord healing</p> <p style="padding-left: 40px;">Recorded baby weight</p> <p>27. Mother advised about:</p> <p style="padding-left: 40px;">Proper breast feeding</p> <p style="padding-left: 40px;">Keeping baby warm</p> <p style="padding-left: 40px;">Contraception</p> <p>28. Counsels on contraception</p> <p style="padding-left: 40px;">Contraception (for any method) :</p> <p>29. Uses screening criteria and rules out contra indications</p> <p>30. Informs woman about side effects and action</p> <p><b>Treatment of ARI / Diarrhoea</b></p> <p>31. Can count respiratory rate</p> <p>32. Advise about feeding and fluid</p> <p>33. Advises about danger signs</p>					

\* E = Excellent; G = Good; A = Average and P = Poor

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
<b>IUD Insertion</b>					
34. Did she explain the procedure to the client?					
35. Did she wash hands and put on the gloves?					
36. Did she do a vaginal and bimanual examination?					
37. Did she remove and discard gloves?					
38. Did she put on a fresh pair of gloves					
39. Did she clean the external genitalia and vagina with antiseptic solution?					
40. Did she put a sims speculum in the vagina?					
41. Did she clean the cervix and cervical canal with antiseptic solution?					
42. Did she held the anterior lip of cervix with Allix forceps?					
45. Did she gently pass the uterine sound for assessing the direction and length of cavity?					
46. Did she prepare IUD(Cu.T) for insertion using no touch technique?					
47. Did she introduce the inserter tube with plunger into the cervical canal till it reaches the uterine fundus?					
48. Did she withdraw the inserter tube followed by the plunger?					
49. Did she remove the Allis forceps and swab the cervix?					
50. Did she remove and speculum?					
51. Did she ask the client to feel the thread?					
52. Did she put sterile perineal pad / and did she ask the client to wait for 30 minutes?					
53. Did she inform the client about expected side effects?					
54. Did she give necessary post insertion advice including when to comeback for followup?					

\* E = Excellent; G = Good; A = Average and P = Poor

FORM - 5.3

**Technical Assessment Check-list**  
**For use by the supervising officer while the female health supervises a female health worker**

Female Health worker \_\_\_\_\_ PHC \_\_\_\_\_ Month \_\_\_\_\_

Supervising Officer \_\_\_\_\_

Skills and practices	Yes / No	Grading by supervising officer*			
		E	G	A	P
<b>Overall Quality Aspects</b> 1. Washes hands before and after examination/treatment 2. Uses principles of sterilization 3. Respects the client seeking services  <b>For New ANC:</b> 1. Outcome of Previous preg recorded 2. Asked about BOH/associate diseases 3. Recorded LMP and EDD  <b>For any ANC:</b> 4. Did abdominal palpation 5. Recorded BP correctly 6. Recorded HB Correctly 7. Height and weight checked and informed the client 8. Foetal heart sound heard 9. Iron and folic acid tablets given 10. TT given 11. MCH card issued 12. Did breast examination 13. Advised on nutrition and rest 14. Advised on place of delivery and preparation 15. Reminded about next visit 16. Checked for high risk and informed / referred					

\* E = Excellent; G = Good; A = Average and P = Poor

Note: The supervising officer will accompany the FHS to one randomly selected subcentre and make observations of her supervisory skills while ANM is carrying out the following activities. The grading will be given by the supervising officer for the supervisory skills of the supervisor as he observes and guides and worker in the same activity which the supervisor himself has performed as in Form 5.2..

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
<b>For Child Immunization:</b>  17. Uses single needle, single syringe 18. Throws away opened measles vial 19. Imm card filled 20. Advised mother about next visit 21. Cold chain maintained  <b>Postnatal Visit:</b>  22. Asked mother about: Fever Foul smelling discharge Bleeding 23. Checked for Involution of uterus Cord healing Recorded baby weight 24. Mother advised about: Proper breast feeding Keeping baby warm Contraception 25. Counsels on contraception Contraception (for any method) : 26. Uses screening criteria and rules out contra indications 27. Informs woman about side effects and action  <b>Treatment of ARI / Diarrhoea</b>  28. Can count respiratory rate 29. Advise about feeding and fluid 30. Advises about danger signs					

## FORM - 5.4

## Knowledge and Opinion of the Community

Name of the Male Health Supervisor \_\_\_\_\_ Name of the Male Health

Worker \_\_\_\_\_ PHC : \_\_\_\_\_ Subcentre : \_\_\_\_\_

Village \_\_\_\_\_

Item	Households										Yes/No
	1	2	3	4	5	6	7	8	9	10	
1. Were you visited by the supervisor during the last month											
2. Is the supervisor available when needed											
3. Does she treat you with respect when you go to her											
4. Did you have any problem in the last pregnancy If yes were you given timely advise											
5. Were you visited at home after delivery											
6. Did you get information about proper breast feeding practices											
7. Do you know the danger signs of ARI											
8. Do you know what fluids are to be given to your child during diarrhoea											
9. Do you know against what diseases immunization is given to your child											
10. Do you know at what age Measles vaccine is given											
11. What is your desired family size How many children do you have											
12. Are you aware of contraceptive methods											
13. Are you aware of side effects of contraceptive methods											
14. Are you aware of ideal gap between two children											
15. Did she guide you in strengthening the Anganwadi centre (Ask AWW)											

Information to be collected from specific individuals	Yes	No
16. Did she seek your assistance in implementation of health problem (Ask village surpanch)		
17. Did she advice your group members on health problems (Ask DWCRA member)		
18. Did she give you followup training (Ask a Dai)		
19. Did she offen visit your group and talk about health problems (Ask a member of Mahila Mandal)		
20. Did she advice you about your infertility problem (Ask an infertile person)		
21. Did she seek your assistance in health programmes (Ask any NGO / Youth club member)		
22. Did she visit your school in connection with school health project (Ask a school teacher)		
23. Have you had an abortion If Yes, were you given advise and treatment		
24. Did you have RTI / Gynaec problem If Yes, did you seek the services of ANM / supervisor		

FORM - 6.0

Monthly Reporting Format for the Health Worker Male

Name of the Sub-centre :

Name of the Worker :

Month :

Year :

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	Percentage (4/1) 5
	1	2	3	4	5
1. Health Clinics i.No.of Health clinics attended with ANM					
2. Family Planning Methods i.No. persons motivated for vasectomy ii.No. persons using Ccs iii.No. vasectomy cases followed up					
3. Communicable diseases A. Malaria i.No. of fever cases identified ii.No. of blood smear slides sent to PHC iii.No. of cases given presumptive treatment iv.No. of positive cases given radical treatment v.No. of high risk villages identified vi.No. of anti-mosquito activities co-ordinated B. Tuberculosis i.No. of suspected cases identified and referred ii.No. of TB cases followed up C. Leprosy i.No. of suspected cases identified and referred ii.No. of suspected cases followed up D. Epidemics i.No. of GE cases identified and reported ii.No. of cases of preliminary treatment given iii.No. of cases referred iv.No. of cases other epidemic diseases referred (Filariasis, Malaria etc.)					

Activity	Annual Service need 1	Monthly Service need 2	Achievement		
			Monthly 3	Cumulative 4	Percentage (4/1) 5
4.Environment sanitation i.Number of drinking water sources chlorinated					
5.School Health i.No. of school health programmes participated ii.No. of school children examined and treated iii.No. of school children referred iv.No. of school children immunized v.No. of school health cards filled					
6.Interaction with community i.No. of meetings with village health committees ii.No. of meeting with your committees iii.No. of meetings with village leaders iv.No. of meetings with PMPs					
7.IEC i No. of Health Education Programmes on enviormental sanitation conducted ii.No. of group talks to males on contraceptive methods iii.No. of health talks to males on reproductive health(STD/RTIs/Infertility)					
8.Reporting and recording i.Malaria reports ii.Other communicable diseases reports iii.School health reports					

**Technical Assessment Check-list for HW(M)**

Male Health Worker \_\_\_\_\_ PHC \_\_\_\_\_ Month \_\_\_\_\_

**Observation of Skills and Practices**

Activities	Yes/No	Grading *			
		E	G	A	P
<b>1. Family Planning Methods</b> A) Motivating for vasectomy i) explained the method ii) listed the benefits iii) spoke about use of Ccs after Vasectomy iv) discussed the misconceptions if any B) Motivated for use of condoms i) explained the benefits ii) demonstrated use and disposal					
<b>2. Communicable Diseases (Malaria)</b> i) Took asptic precautions before taking smear ii) Selected the correct site for skin prick iii) Allowed time for forming a blood drop iv) Kept a clean slide ready v) Prepared both thick and thin smear vi) Identified the slide correctly vii) Provided presumptive treatment according to age viii) Transferred the blood smears to the PHC ix) Made correct entry into the records x) Provided radical treatment to the smear positive cases					
<b>3. Environment sanitation</b> i) Estimated the volume of water in the source ii) Estimated the free and combined chlorine demand iii) Calculated the correct requirement of bleaching powder iv) Contact period of chlorination correctly followed					

\*E = Excellent; G = Good; A = Average and P = Poor

**Technical Assessment Checklist for HW (M)****Knowledge and Opinion of EC/Community**

Name of HW(M) \_\_\_\_\_

Month \_\_\_\_\_

PHC \_\_\_\_\_

Sub-centre \_\_\_\_\_

Item	Households										Yes/No
	1	2	3	4	5	6	7	8	9	10	
1. Where you visited by the Male worker during the last month?											
2. Did he collect blood smear during the last episode of fever in your family?											
3. Did he give you presumptive treatment											
4. Did he inform you about the blood smear report?											
5. Did he give you radical treatment(in positive cases only)											
6. Did he ever advise you to consult the PHC MO for any ailment?											
7. Did he advice you about the correct use of condoms?											
8. Did he supply you condoms regularly? (Ask user only)											
9. Did he explain how to dispose off the condoms?											
10. Does periodically seek your assistance in the implementation of the health programmes? (Ask a village leader)											
11. Does he visit your village atleast once a month?(Ask a village leader/elder)											
12. Did he help you in chlorination of water sources?(to be asked to a village leader)											
13. Did he seek your assistance and help in environmental sanitation? (Ask a member of youth club or village leader)											
14. Did he refer you to the PHC MO for further management of your ailment (Ask a TB patient)											
15. Did he visit you for follow-up care?											
16. Did he refer you to the PHC MO for further management of your ailment ? (Ask a Leprosy patient)											
17. Did he visit you for follow-up care?											
18. Does he periodically visit your school? (Ask a school teacher)											

Name of the Supervisor \_\_\_\_\_

Signature \_\_\_\_\_

FORM - 7.0

Monthly Reporting format for Male Health Supervisor's Activities

Name of the Supervisor : No. of male workers under the supervisor :

Month : Year

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (5)
1. All Male Health workers staying in HQs					
2. Supervisory visits to male workers (every worker should be visited 4 times a month)					
3. Subcentres visited (every subcentre should be visited once a month)					
4. Registers and records verified					
5. Total Houses visited for supervision and verification					
6. Supervisory checklists completed					
7. Resistant eligible couples motivated					
8. Advance tour programme submitted					
9. Meetings with village committees					
10. Meetings with village committees					
11. School Health visits					
12. No. of visits to DDC/FTC/VLU					
13. Number of epidemic control activities					
13a. Number of drinking water tanks chlorinated (once a fortnight)					
13b. Spraying activities (once in 6 months)					
13c. Village sanitation activities (once in 6 months)					

FORM - 7.1  
Consolidated performance of male workers working under the  
supervision of Male Health Supervisors

Name of the Supervisor :

No. of male health worker :

Month :

Year :

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (5)
1. Health clinics					
i. No. of Health clinics attended by Male worker with ANM					
2. Family planning methods					
i. No. persons motivated for vasectomy					
ii. No. persons using Ccs					
iii. No. vasectomy cases followed up					
3. Communicable diseases					
A. Malaria					
i. No. of fever cases identified					
ii. No. of blood smear slides sent to PHC					
iii. No. of cases given presumptive treatment					
iv. No. of positive cases given radical treatment					
v. No. of high risk villages identified					
vi. No. of anti-mosquito activities co-ordinated					
B. Tuberculosis					
i. No. of suspected cases identified and referred					
ii. No. of TB cases followed up					
C. Leprosy					
i. No. of suspected cases identified and referred					
ii. No. of suspected cases followed up					
D. Epidemics					
i. No. of GE cases identified and reported					
ii. No. of cases given preliminary treatment					
iii. No. of cases referred					
iv. No. of cases of other epidemic diseases referred (Filariasis, Malaria etc.)					

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (5)
4. Enviornmental sanitation i. Number of drinking water sources chlorinated 5. School health i. No. of school health programmes participated ii. No. of school children examined and treated iii. No. of school children referred iv. No. of school children immunized v. No. of school health cards filled 6. Interaction with community i. No. of meetings with village health committees ii. No. of meeting with youth committees iii. No. of meetings with village leaders iv. No. of meetings with PMPs 7. IEC i. No. of health education programmes on environmental sanitation conducted ii. No. of group talks to males on contraceptive methods iii. No. of health talks to males on reproductive health (STD/RTI/Infertility) 8. Reporting and recording i. Malaria reports ii. Other communicable diseases reports iii. School health reports					

**FORM - 7.2**  
**Technical Assessment Check-list**  
**for assessing the skills of male health supervisor directly**

Male Health Supervisor \_\_\_\_\_ **PHC** \_\_\_\_\_

Month \_\_\_\_\_ Supervising Officer \_\_\_\_\_

Date of supervision \_\_\_\_\_

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
<b>1. Family planning methods</b> <b>A) Motivated for vasectomy</b> i) explained the method ii) listed the benefits iii) spoke about use of CCs after Vasectomy iv) discussed the misconceptions if any <b>B) Motivated for use of condoms</b> i) explained the benefits ii) demonstrated use and disposal					
<b>2. Communicable Diseases (Malaria)</b> i) Took aseptic precautions before taking smear ii) Selected the correct site for skin prick iii) Allowed time for forming a blood drop iv) Kept a clean slide ready v) Prepared both thick and thin smear vi) Identified the slide correctly vii) Provided presumptive treatment according to age viii) Transferred the blood smears to the PHC ix) Made correct entry into the records x) Provided radical treatment to the smear positive cases					
<b>3. Environmental sanitation</b> i) Estimated the volume of water in the source ii) Estimated the free and combined chlorine demand iii) Calculated the correct requirement of bleaching powder iv) Contact period of chlorination correctly followed.					

\* E = Excellent; G = Good; A = Average and P = Poor

## Technical Assessment Check-list

for use by the supervising officer while the male health supervises a worker

Male Health Worker \_\_\_\_\_ PHC \_\_\_\_\_

Month \_\_\_\_\_ Male Health Supervisor \_\_\_\_\_

Supervising Officer \_\_\_\_\_

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
<b>1. Family planning methods</b> <b>A) Motivated for vasectomy</b> i) explained the method ii) listed the benefits iii) spoke about use of CCs after Vasectomy iv) discussed the misconceptions if any <b>B) Motivated for use of condoms</b> i) explained the benefits ii) demonstrated use and disposal <b>2. Communicable Diseases (Malaria)</b> i) Took aseptic precautions before taking smear ii) Selected the correct site for skin prick iii) Allowed time for forming a blood drop iv) Kept a clean slide ready v) Prepared both thick and thin smear vi) Identified the slide correctly vii) Provided presumptive treatment according to age viii) Transferred the blood smears to the PHC ix) Made correct entry into the records x) Provided radical treatment to the smear positive cases <b>3. Environmental sanitation</b> i) Estimated the volume of water in the source ii) Estimated the free and combined chlorine demand iii) Calculated the correct requirement of bleaching powder iv) Contact period of chlorination correctly followed.					

\* E = Excellent; G = Good; A = Average and P = Poor.

Note: The grading will be given by the supervising officer for the supervisory skills of the supervisor as he observes and guides the worker in the same activities which the supervisor himself has performed earlier.

FORM - 7.4

**Knowledge and Opinion of the Community**

Name of the Male Health Supervisor \_\_\_\_\_

Name of the Male Health Worker \_\_\_\_\_

PHC : \_\_\_\_\_ Subcentre : \_\_\_\_\_

Village \_\_\_\_\_

Item	Households							Yes/No		
	1	2	3	4	5	6	7	8	9	10
1. Did the supervisor visit your village during the last two months										
2. Did the supervisor collect blood smear during the last episode of fever in your family ?										
3. Did the supervisor give you presumptive treatment ?										
4. Did the supervisor inform you about the blood smear report ?										
5. Did he ever advise you to consult the PHCMO for any ailment ?										
6. Did the supervisor tell you about the correct use of condoms ?										
7. Did the supervisor explain how to dispose off the condoms ?										
8. Did the supervisor explain to you about the advantages of vasectomy ?										

Information to be collected from specific individuals	Yes	No
9. Did the supervisor supply you condoms regularly ? (Ask user only)		
10. Did supervisor followup after vasectomy (Ask a person who has undergone vasectomy)		
11. Did the supervisor/guide you regarding your reproductive/infertility problem ? (Ask a case having reproductive or infertility problem)		
12. Did the supervisor visit your house ? (Ask a Malaria positive person)		
13. Did the supervisor give you radical treatment ? (Ask a malaria positive person)		
14. Did the supervisor refer you to the PHC MO for further management of your ailment (Ask a TB patient)		
15. Did the supervisor visit you for followup care?		
16. Did the supervisor refer you to the PHC MO for further management of your ailment ? (Ask a Leprosy patient)		
17. Did the supervisor visit you for followup care?		
18. Did the supervisor help you in chlorination of water sources ? (to be asked to a village leader)		
19. Did the supervisor seek your assistance and help in environmental sanitation ? (Ask a member of youth club or village leader)		
20. Did he approach you in forming village health committees? (Ask a member of the committee)		
21. Does the attend committee meetings regularly? (Ask a member of committee)		
22. Does the supervisor periodically seek your assistance in the implementation of the health programmes ? (Ask a village leader)		
23. Does the supervisor visit your village atleast once a month ? (Ask a village leader/elder)		

Name of the Supervising Officer :

Date :

Signature

### Monthly Report of Nurse Midwife/Staff Nurse/PHN

Name of the Nurse Midwife/Staff Nurse/PHN: \_\_\_\_\_

PHC: \_\_\_\_\_

Month : \_\_\_\_\_ Year : \_\_\_\_\_

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (5)
1. No. of village health committee meetings attended					
2. No. of women's group meeting attended					
3. No. of training programmes conducted for women's groups					
4. No. of followup trainings conducted for women's groups					
5. No. of women's health clinics planned					
6. No. of women's health clinics attended					
7. No. of samples collected at women's health clinic for testing					
8. No. of women referred to PHC/FRU with reproductive health problems					
9. No. of cases of reproductive health problems facilitated for treatment at PHC					
10. No. of adolescent health group organised					
11. No. of training conducted for adolescent groups					
12. No. of well baby shows conducted					
13. No. of followup trainings organized for female supervisors					
14. No. of dais screened for training					
15. No. of training programmes for dais participated					
16. No. of training programmes for eligible couples participated					
17. No. of training programmes conducted for DWCRA group members					
18. No. of counselling sessions conducted					
19. No. of deliveries conducted at PHC					
20. No. of difficult deliveries conducted					
21. No. of post natal visits					
22. No. of newborns visited					
23. No. of resistant ECs motivated for family planning methods					
24. No. of subcentres visited					
25. No. of Anganwadi centres visited					

**Technical Assessment Checklist for Nurse Midwife/Staff Nurse/PHN**  
**Observation of Field Skills and Practices**

Name of Nurse Midwife/Staff Nurse/PHN: \_\_\_\_\_ PHC : \_\_\_\_\_

District : \_\_\_\_\_

Date of Appraisal : \_\_\_\_\_

Activities	Yes / No	Grading *			
		E	G	A	P
<b>1. Conducting a training programme</b> a) Conducts a training needs assessment b) Makes a plan for training c) Provides the information in a simple manner d) Ensures active learning e) Provides relevant handout/material f) Ensures feed back <b>2. Supervision over field functionaries</b> a) Observes the activity being performed b) Notes the inadequacies c) Guides the functionary d) Ensures a positive learning situation e) Follows up the functionary regularly <b>3. Counselling</b> a) Ensures privacy b) Puts all the choices before the person c) Uses open method d) Uses skills of listening, reflection, analysis e) Offers follow up services					
<b>4. Communication</b> a) Audience and topic are congruent b) Selects appropriate media c) Message is clear and simple d) Ensures understanding <b>5. Organising group activities</b> a) Plans group activity in advance b) Ensures participation of all members c) Treats participants with respect d) Encourages a feasible decision for action <b>6. Home visit</b> a) Greets the family members b) Informs purpose of the visit c) Assesses health problem d) Assesses what activity had been performed by the field functionary e) Analyses the appropriateness of the activity performed f) Identifies the gaps g) Guides the functionary and the family members					

**Technical Assessment Check-list**  
**For assessing the skills of Nurse Midwife/Staff Nurse/PHN**

Nurse Midwife/Staff Nurse/PHN \_\_\_\_\_ PHC \_\_\_\_\_ Month \_\_\_\_\_

Supervising Officer \_\_\_\_\_ Date of supervision \_\_\_\_\_

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
Overall Quality Aspects					
1. Washes hands before and after examination/treatment					
2. Uses principles of sterilization					
3. Respects the client seeking services					
for New ANC:					
1. Outcome of Previous preg recorded					
2. Asked about BOH/associate diseases					
3. Recorded LMP and EDD					
For any ANC:					
4. Did abdominal palpation					
5. Recorded BP correctly					
6. Recorded Hb Correctly					
7. Height and weight checked and informed the client					
8. Foetal heart sound heard					
9. Iron and folic acid tablets given					
10. TT given					
11. MCH card issued					
12. Did breast examination					
13. Advised on nutrition and rest					
14. Advised on place of delivery and preparation					
15. Reminded about next visit					
16. Checked for high risk and informed / referred					

\* E = Excellent; G = Good; A = Average and P = Poor

Note: For direct technical assessment of the skills of female health supervisor a case of IUD insertion must also be taken besides the ANC, PNC and an infant and EC. The supervising officer grades her skills while the female supervisor performs the activities.

Skills and practice	Yes / No	Grading by supervising officer			
		E	G	A	P
<p>For Child Immunization:</p> <p>17. Uses single needle, single syringe</p> <p>18. Throws away opened measles vial</p> <p>19. Immun card filled</p> <p>20. Advised mother about next visit</p> <p>21. Cold chain maintained</p> <p>Postnatal Visit:</p> <p>22. Asked mother about:</p> <p style="padding-left: 40px;">Fever</p> <p style="padding-left: 40px;">Foul smelling discharge</p> <p style="padding-left: 40px;">Bleeding</p> <p>23. Checked for</p> <p style="padding-left: 40px;">Involution of uterus</p> <p style="padding-left: 40px;">Cord healing</p> <p style="padding-left: 40px;">Recorded baby weight</p> <p>24. Mother advised about:</p> <p style="padding-left: 40px;">Proper breast feeding</p> <p style="padding-left: 40px;">Keeping baby warm</p> <p style="padding-left: 40px;">Contraception</p> <p>25. Counsels on contraception</p> <p style="padding-left: 40px;">Contraception (for any method) :</p> <p>26. Uses screening criteria and rules out contra indications</p> <p>27. Informs woman about side effects and action</p> <p>Treatment of ARI / Diarrhoea</p> <p>28. Can count respiratory rate</p> <p>29. Advise about feeding and fluid</p> <p>30. Advises about danger signs</p>					

\* E = Excellent; G = Good; A = Average and P = Poor

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
<b>IUD Insertion</b>  1. Did she explain the procedure to the client? 2. Did she wash hands and put on the gloves? 3. Did she do a vaginal and bimanual examination? 4. Did she remove and discard gloves? 5. Did she put on a fresh pair of gloves 6. Did she clean the external genitalia and vagina with antiseptic solution? 7. Did she put a sims speculum in the vagina? 8. Did she clean the cervix and cervical canal with antiseptic solution? 9. Did she held the anterior lip of cervix with Allix forceps? 10. Did she gently pass the uterine sound for assessing the direction and length of cavity? 11. Did she prepare IUD(Cu.T) for insertion using no touch technique? 12. Did she introduce the inserter tube with plunger into the cervical canal till it reaches the uterine fundus? 13. Did she withdraw the inserter tube followed by the plunger? 14. Did she remove the Allis forceps and swab the cervix? 15. Did she remove and speculum? 16. Did she ask the client to feel the thread? 17. Did she put sterile perineal pad/and did she ask the client to wait for 30 minutes? 18. Did she inform the client about expected side effects? 19. Did she give necessary post insertion advice including when to come back for followup?					

\* E = Excellent; G = Good; A = Average and P = Poor

FORM - 8.3

**Technical Assessment Check-list**  
**For assessing the higher level clinical skill of Nurse Midwife/Staff Nurse/PHN**

Nurse Midwife/Staff Nurse/PHN \_\_\_\_\_ PHC \_\_\_\_\_ Month \_\_\_\_\_

Supervising Officer \_\_\_\_\_ Date of supervision \_\_\_\_\_

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
<b>I. Vaginal Examination</b>  1. Did she take the consent of the patient? 2. Did she wash hands with soap and water? 3. Did she put on sterile gloves? 4. Did she position the patient correctly? 5. Did she ensure proper illumination of the examination area ? 6. Did she examine the external genitalia ? 7. Did she introduce a speculum ? 8. Did she examine the cervix ? 9. Did she perform a bimanual examination for uterus? 10. Did she record the findings ?  <b>II. Abdominal Examination of a Pregnant Woman</b> 1. Did she make the woman relax? 2. Did she position correctly? 3. Did she perform abdominal grip 1 ? 4. Did she perform abdominal grip 2 ? 5. Did she perform Pelvic grip 1 ? 6. Did she perform Pelvic grip 2 ? 7. Did she assess the height of the uterus ? 8. Did she identify the back of the foetus ? 9. Did she identify the cephalic end of the foetus ? 10. Did she assess whether presenting part is engage or not ? 11. Did she auscultate the foetal heart sounds ? 12. Did she record the findings ?					

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
<p>III. Woman using Oral Contraceptive Pills</p> <ol style="list-style-type: none"> <li>1. Did she check the B.P.?</li> <li>2. Did she check her pulse rate?</li> <li>3. Did she check mucus membranes and nail beds for cyanosis?</li> <li>4. Did she check for swollen veins on the legs?</li> <li>5. Did she examine the breasts ?(for lump, discharge or hand ness)</li> <li>6. Did she check for thyroid swelling?</li> <li>7. Did she perform vaginal examination? (for cervical tenderness, erosion and discharge from vagina)</li> <li>8. Did she palpate the abdomen?(for enlarged liver or other mass)</li> <li>9. Did she record the weight?</li> <li>10. Did she record the findings?</li> </ol> <p>IV. Neonatal Examination</p> <ol style="list-style-type: none"> <li>1. Did she take the relevant history?</li> <li>2. Did she measuse the height and weight?</li> <li>3. Did she ask about feeding practics?</li> <li>4. Did she look for the signs of congenital malformations?</li> <li>5. Did she examine the umbilical cord?(for signs of infection)</li> <li>6. Did she look for signs of cyanosis?</li> <li>7. Did she count the respiratory rate?</li> <li>8. Did she auscultate the heart?</li> <li>9. Did she check for jaundice?</li> <li>10. Did she record the findings?</li> </ol> <p>V. Malnutrition in a child</p> <ol style="list-style-type: none"> <li>1. Did she record the dheight and weight?</li> <li>2. Did she measure the mid arm circumference(MAC)?</li> <li>3. Did she ask for breast feeding and weaning practices?</li> <li>4. Did she look for hair changes?</li> </ol>					

Skills and practices	Yes / No	Grading by supervising officer			
		E	G	A	P
5. Did she look for skin changes? 6. Did she look for changes in the face? 7. Did she look for vitamin deficiency signs? (Conjunctival xerosis, angular stomatitis etc.) 8. Did she look for signs of Anaemia? 9. Did she ask for history of recurrent attacks of diarrhoea/pneumonia? 10. Did she ask for the history of passage of worms in stools? 11. Did she record the findings? 12. Did she give required nutritional advise?					
<b>VI. Pelvic Inflammatory Diseases (PID)</b> 1. Did she ask for the chief complaints? 2. Did she take menstrual history? 3. Did she ask for obstetric history? 4. Did she look for signs of anaemia? 5. Did she measure the vital data? 6. Did she perform vaginal examination? 7. Did she examine the abdomen?(for tenderness in iliac regions) 8. Did she inform the patient about the problem? 9. Did she give her necessary advice? 10. Did she record the findings?					

FORM - 8.4  
Opinion of Selected Community Members

Name of the NM: \_\_\_\_\_ Month \_\_\_\_\_

PHC : \_\_\_\_\_ Year \_\_\_\_\_

Information to be collected from specific individuals	Yes	No
1. Did the Nurse Midwife visit your village in the last month (ask a village leader)		
2. Did she help in forming the women's health groups (ask a village leader)		
3. Does she attend the women's health group meetings regularly? (ask a member of the women's health group)		
4. Did she guide you in strengthening the Anganwadi centre?		
5. Did she attend the referral cases from Anganwadi centre? (ask questions 4 and 5 to an Anganwadi worker)		
6. Did she organise training programmes for the DWACRA group members ? (ask DWACRA group leaders)		
7. Did she conduct follow-up training? (ask a trained couple)		
8. Did she give you advice regarding family planning methods? (ask an eligible couple)		
9. Did she organise a village health mela? (ask a member of village women's health group)		
10. Did she conduct training on adolescent health problems? (ask an adolescent girl)		
11. Did she attend to the referral cases from village to the PHC? (ask a mahila panchayat member)		

FORM - 9.0  
Monthly Reporting Format for the BEE

Name of the BEE : \_\_\_\_\_

Month : \_\_\_\_\_

Name of the PHC : \_\_\_\_\_

Year : \_\_\_\_\_

**Indirect Method of Assessment**

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
<b>I. Maintenance of Data:</b>  Number of Monthly records reviewed and submitted to PHC MO relating to: <ul style="list-style-type: none"> <li>- Out Patients</li> <li>- Family Planning and MTP</li> <li>- MCH</li> <li>- Malaria</li> <li>- Leprosy and other referrals.</li> <li>- Stock and Issue</li> <li>- Maternity Assistance</li> <li>- Mass Media</li> <li>- Control of Epidemics</li> </ul>					
<b>II. Training</b>  Number of Training programmes conducted for health workers. <ul style="list-style-type: none"> <li>- Number of orientation training programmes conducted for voluntary organisations.</li> <li>- Number of orientation training programmes conducted for opinion leaders.</li> <li>- Number of training programmes organised for women groups.</li> <li>- Number of training programmes organised for school teachers.</li> <li>- Number of training programmes conducted for anganwadi workers.</li> <li>- Number of training programmes organised for Dais in the PHC</li> </ul>					

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
<b>III. Inter Sectoral Coordination:</b>					
- Number of meetings held with Mandal Revenue Officer.					
- Number of meetings held with Mandal Development Officer.					
- Number of meetings held with Mandal Education Officer.					
- Number of meetings held with Project Officer, DWCRA					
- Number of meeting held with DWCRA groups.					
- Number of meetings held with MSS groups.					
- Number of visits to adult education centres.					
- Number of meetings held with ICDS-CDPO.					
<b>IV. IEC Work</b>					
<b>a) Community Participation and Social Mobilisation</b>					
- Number of Health Committees formed in PHC Area.					
- Number of meetings held with Health Committees.					
- Number of meetings held with NGOs.					
- Number of group meetings held with opinion leaders.					
- Number of group meetings held with elected representatives.					
- Number of group meetings held with youth clubs.					
- Number of group meetings held with women groups.					
- Number of group meetings held with leaders of unorganised sector.					
<b>b) Media Coordination:</b>					
- Number of meetings held with DEMO					
- Number of meetings held with DPRO					
- Number of meetings local folk and traditional artists.					
- Number of meetings held with local newsmen.					
- Number of meetings held with story writers.					

Activity	Service Need		Performance		
	Annually (1)	Monthly (2)	Monthly (3)	Cumulative (4)	% Ach (4/1)
<b>c) Display of IEC Material</b> - Number of film/video shows conducted in PHC area - Number of posters distributed - Number of leaflets distributed - Number of posters pasted in PHC area - Number of wall stencilings made - Number of wall stencilings displayed - Number of fold shows organised - Number of Kala Jathras organised - Number of press releases issued - Number of exhibitions conducted - Number of group talks given  <b>d) Motivation and Counseling Sessions</b> - Number of motivational and counsellings conducted <b>a) Mothers</b> <b>b) Husbands</b> <b>c) Mothers in law</b> <b>d) Youth</b> <b>e) Informal Leaders</b> <b>f) High resistant Sections.</b>					

Name of the Supervising Officer : \_\_\_\_\_

Date :

Signature

FORM - 9.1  
Skill Assessment of BEE

Name of the BEE: \_\_\_\_\_ Month : \_\_\_\_\_

Name of the PHC: \_\_\_\_\_ Year: \_\_\_\_\_

**Direct Method of Assessment**

(The supervising officer should test communication and writing skills of the BEE by asking him to demonstrate the skills. Half an hour may be given for demonstrating each skill)

Activity	Yes/No	If Yes			
		E	G	A	P
1) Delivers a talk on health theme (The supervising Officer should ask the BEE to deliver a talk on a given health aspect)					
2) Motivates a person resistant to immunization /FW methods (Ask BEE to demonstrate in the field)					
3) Prepares a pamphlet / leaflet on any health & Family Welfare aspect (Ask him to develop pamphlet on a given aspect)					
4) Prepares a press release on any Health & Family Welfare topic (Ask him to write a press release on any Health & Family Welfare aspect)					
5) Writes a slogan on any Health & Family Welfare aspect for wall stencilling (Ask him to write messages for wall stencilling on a given subject)					

	Yes/No	If Yes			
		E	G	A	P
<b>Quality aspects</b>					
1) Proper display of IEC material at PHC					
2) Proper display of IEC material at Sub Centre					
3) Proper display of demographic profile of PHC					
4) Proper maintenance of records at PHC					
5) Proper storage of IEC material					
6) Proper maintenance of information handbook at PHC					

Name of the Supervising Officer : \_\_\_\_\_

Date :

Signature

**FORM - 9.2**  
**Knowledge and Opinion of Community**

Name of the BEE: \_\_\_\_\_ Sub-centre : \_\_\_\_\_

PHC : \_\_\_\_\_ Village : \_\_\_\_\_

Item	Households										Yes/No	
	1	2	3	4	5	6	7	8	9	10		
1. Have you seen any film shows/video shows on Health and Family Welfare in your area during the last one month.												
2. Have you seen any folk shows on health and family welfare during the last three months.												
3. Have you attended any meeting/exhibition/rally/health camp in your area during the last three months?												
4. Have you seen any posters/wall stenciling/leaflets/banners on health and family welfare in your area?												
5. What do you think is the legal age for marriage for females and males?												
6. Are you aware of AIDS disease?												
7. Have you seen an AIDS poster in your area												
8. *Are you aware of Family Planning Method? I) Tubectomy, ii) Vasectomy, iii) IUD, iv) Oral Pills v) Condom.												
9. Are you aware that TT injections should be taken during pregnancy?												
10. Can you mention the diseases for which Immunisation is given?												
* Tick known method.												
<b>Information to be collected from specific individuals</b>											<b>Yes</b>	<b>No</b>
11. Did your BEE meet you during the last month? (Ask a village leader or elder)												
12. Did he seek your assistance in promotion of health and family welfare programmes? (Ask a elected representative)												
13. Did the BEE conduct any meetings with you with regard to promotion of Health and Family Welfare programmes during the last one month? (Ask a youth club member or NGO)												
14. Did the BEE involve you or your organisation in conducting Health and Family Welfare camps/health rallies/training or any other activity? (Ask NGO or youth club member)												
15. Did the BEE attend your meeting to educate members on the family welfare programme? (Ask a Mahila or DWCRA member)												
16. Did the BEE participate in the village health clinics during the last three months? (Ask a village leader/DWCRA/youth leader/NGO)												
- Did the BEE seek your support to motivate your community for health and family welfare programme? (Ask a religious leader)												

Name of the Supervising Officer :

Date

Signature

## Monthly Reporting format for PHC MOs

Name of the MO :

Name of the PHC :

Month :

District :

Year :

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	Percentage
1) O.P. Clinics conducted a) No.of cases examined b) No.referred from SCs c) No. treated d) No. referred to FRU/hospital					
2) ANC clinics conducted a) No.of cases examined b) No.referred from SCs c) No. of high Risk cases identified d) No. referred to FRU/hospital					
3) Immunisations performed i) a) DPT (3) b) OPV (3) c) BCG d) Measles ii) a) No. fully immunised b) No. partially immunised c) No. not at all immunized iii) Cases of adverse effects of immunization managed iv) No. of Immunisation sessions attended at periphery					
4) ARI a) No. of cases treated b) No. of cases referred from SCs c) No. referred to FRU/hospital d) No. of deaths due to ARI					
5) Diarrhoea a) No.of diarrhoeal cases treated b) No.of cases referred from SCs c) No. referred to FRU/hospital d) No. of deaths due to diarrhoea					
6) Deliveries conducted at PHC a) No. of Institutional deliveries conducted i) Conducted by MO ii) Conducted by other trained personnel iii) Complicated deliveries referred to FRU/hospital iv) Recording of Birth Weight					

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	Percentage
7) MTP performance at PHC a) No.of MTPs performed at PHC b) No.referred from Scs c) No.referred to FRU/hospital 8) Sterilizations performed a) No. of tubectomies performed i) With one child ii) With two children iii) With more than two children iv) No. followed v) No. of failure cases reported b) No. of vasectomies performed i) With one child ii) With two children iii) With more than two children iv) No. followed v) No. of failure cases reported 9) IUD inserted a) No. of cases screened for IUD b) No. of women inserted IUDs c) No. of IUD acceptors followed up d) No. of dropouts 10) O.P. Users a) No. of O.P. users screened b) No. of O.P. acceptors followed c) No. of dropouts 11) Reproductive Health a) RTIs/STDs i) No.of cases of RTIs/STDs examined ii) No. of cases treated iii) No. referred to FRU/Hospital b) Infertility i) No. of couples of Infertility identified ii) No. referred to FRU / Hospital c) Malignancy No. of suspected cases of cancers of reproductive tract referred:- i) Referred from PHC ii) treated at CHC/PPC/FRU iii) Referred to Dist.Hospital					

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	Percentage to Total
d) Dysfunctional Uterine Bleeding (DUB) No. of cases of menstrual disorders referred to FRU / Hospital  12. Disease surveillance report (Once in 3 months)* a) Vaccine Preventable Diseases i. Polio ii. Tetanus iii. Diphtheria iv. Pertussis v. Tuberculosis  b) Other Diseases i. Malaria 1. No. of B.S. taken 2. No. of Positive cases 2.1 PF 2.2 PV 2.3 Mixed 3. Presumptive treatment given 4. Radical treatment given 5. No. referred out 6. No. of deaths  ii. Tuberculosis 1) No. of sputums examined 1.1 New cases 1.2 Follow-up cases 2) No. of sputum positive cases 3) No. given SCCs (Short Course Chemotherapy) 4) No. completed SCCs 5) No. under treatment 6) No. referred out  iii. Leprosy 1) No. of cases reported 2) No. of suspects referred  iv. Epidemics Reported 1) No. of Epidemics of G.E. 2) No. of deaths 3) Other Epidemics if any					

\* Note: The disease surveillance part of this report should be submitted only once in three months.

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	Percentage to Total
13. Meeting attended / conducted a) Monthly Mos meeting at District b) Monthly Staff Review c) With ICDS staff d) With Block Level officials e) Community Level Leaders/ Representatives f) With Women Groups g) Any other Meetings h) Review of work of NGO working in area done					
14. IEC Activities a) No. of health campaigns conducted b) No. of NGOs contacted and involved c) No. of School Health Camps held					
15. Training a) No. of staff training programmes conducted b) No. of training programmes conducted for non health functionaries					
16. Transport a) No. of cases transported in PHC vehicle i) Tubectomy Cases ii) Emergency obstetric cases iii) Other emergencies					
17. No. of sub-centres visited					

FORM - 10.1

Technical Assessment Checklist for PHC Medical Officers

Name of the M.O. :

Month :

Name of the PHC :

Year :

Activities	Yes/No	Grading *			
		E	G	A	P
1. New OP Case					
a) History taken					
b) Physical examination done					
c) Provisional diagnosis made					
d) Treatment initiated					
e) Referred to FRU / Hospital					
f) Adequate time spent on each patient					
g) Necessary advice imparted					
2. Examination of AN cases					
a) Correct estimation of gestation period					
b) Correct identification of high risk					
3. Correct assessment and treatment of child with diarrhoea					
4. Correct assessment and treatment of child with ARI					
5. Correct assessment of STD/RTI					
a) STD / RTI cases treated					
b) STD/RTI cases referred to FRU / Hospital					
6. Correct decision taken in an emergency case / delivery case for					
a) Treatment at PHC					
b) Referral outside					
c) Use of drugs - rational or not					
7. FP Methods					
A. Tubectomy					
i) Pre-operative check-up					
ii) Aseptic precautions					
iii) Ability to locate the tubes					
iv) Ligation of the tubes					
v) Skin suturing and ASD					
vi) Post-operative advice					

Activities	Yes/No	Grading *			
		E	G	A	P
<b>B. Vasectomy</b> i) Pre-operative check-up ii) Preparation of the surgical area - care of asepsis iii) Incision and control of intra-operative haemorrhage iv) Identification of Vas v) Ligation of Vas vi) Skin suturing and ASD vii) Post-operative advice  <b>C. IUD Insertion</b> i) Screening the patient ii) Aseptic precautions iii) Insertion of IUD iv) Inspection of the IUD threads v) Post-IUD insertion advice  <b>7. Records and reports</b> a) Complete and update b) Accurate  <b>8. Clean and tidy PHC premises</b>  <b>9. Provision made for round-the-clock availability of staff.</b>  <b>10. PHC vehicle available round-the-clock in road worthy condition.</b>  <b>11. MO staying at head quarters</b>					

**Note:** The Supervisor is a district level officer and visits the PHC once in two months. The Supervisor will directly observe the skill of the Medical Officer while examining;

1. A new OP case
3. A child with diarrhoea
5. A person with RTI / STD

2. A pregnant woman
  4. A child with ARI
  6. Any emergency or critical situation occurring during the visit
- E = Excellent  
 G = Good  
 A = Average  
 P = Poor

## Facility Check List for PHC

PHC \_\_\_\_\_ Month \_\_\_\_\_ District \_\_\_\_\_

Activity	Yes/No
1. PHC Building	Own or Rented
2. PHC Premises Clean and Tidy	Yes/No
3. Equipment	Yes/No
a) Ambulance	Yes/No
b) Cold Chain Equipment	Yes/No
c) B.P. Apparatus	Yes/No
d) Weighing Machine	Yes/No
e) Micro Scope & Lab. Equipment etc.	Yes/No
f) Auto Clave	Yes/No
g) Oxygen Cylinder	Yes/No
h) Surgical Equipment relating to PHC expertise	
i) Labour Room Table & Equipment	Yes/No
j) Examination Table	Yes/No
k) Resuscitation Equipment	Yes/No
4. Drugs*	
Vital	Yes/No
Essential	Yes/No
Desirable	Yes/No

\*Note 1: The supervising officer must make a list of essential facilities and drugs of acute shortage even during his quarterly visit and the same should be brought to the notice of higher ups immediately.

\*Note 2: A detailed VED (Vital, Essential and Desirable) categorization of drugs at PHC will be provided to be supervising officer.

**Technical Assessment checklist**  
**Knowledge and opinion of the community**

Name of the MO PHC \_\_\_\_\_ PHC \_\_\_\_\_  
 Month \_\_\_\_\_

Note: The supervising officer will spend one full day in the village interacting with at least 10 people representing a cross section of the society. He should make it a point to select the cases preferably from those hailing from weaker sections and women. The same village should not be revisited by the subsequent supervising officer.

Two sets of questions are given to the supervisory officer. The first set is common to all barring Dais and Anganwadi workers. The second set of questions is for the specific target groups in addition to the first set of questions.

The main objective of the two set of questions is to assess the community satisfaction on the overall functioning of PHC and the Medical Officer in particular.

**FIRST SET OF COMMON QUESTIONS**

Item	Households							Yes/No		
	1	2	3	4	5	6	7	8	9	10
a) Did you utilise the services of sub centre/ PHC ?										
b) Did you find the behaviour of the PHC staff good?										
c) Does the MO stays at the PHC headquarters?										
d) Does MO regularly come to the PHC ?										
e) Did the MO spend sufficient time with you during your visit to the PHC?										
f) Are you given adequate drugs at PHC ?										
g) Did the PHC or sub centre staff conduct health clinics in your village ?										
h) Did the PHC MO visit your village during the last six months ?										

## SECOND SET OF QUESTIONS FOR DIFFERENT TARGET GROUPS

The persons to be interviewed are :

1. Pregnant woman
2. One recently delivered woman and baby
3. Tubectomised woman/Vasectomised man
4. Dai of the village
5. Anganwadi worker if available
6. Women group representative
7. One youth of the village
8. One village leader
9. One IUD acceptor
10. One CC/OP user

	Yes/No	Comments
<b>Pregnant woman</b> Did you register before 16 weeks of pregnancy? Have you been given IFA tablets? Have you been informed about danger signals in pregnancy and the need to contact PHC MO?		
<b>Recently delivered woman</b> Is your delivery Institutional ? Were you told about the post partem care? Was the child given with BCG vaccination ? Were you informed about breast feeding ? Mother with two year old child ? Did your child get all doses of Immunisation? Was your child affected with Diarrhoea any time ? If yes, were you advised about the feed and the use of ORT ?		
<b>Tubectomised woman/Vasectomised man</b> Do you have less than two children ? Are you satisfied with the follow-up care after the operation? Do you have any complications ?		

	Yes/No	Comments
<p><b>Dai</b></p> <p>Are you trained ?</p> <p>Are you aware of the five cleans ?</p> <p>Can you identify a high risk care ?</p> <p><b>Anganwadi Worker</b></p> <p>Does the ANM seek your cooperation ?</p> <p>Are there any cases of adverse effect of immunisation ?</p> <p><b>Women group representative</b></p> <p>Do the PHC staff keep in touch with your group ?</p> <p>Do they involve you in Health and FW activities ?</p> <p><b>Youth and Youth club member</b></p> <p>Do the PHC seek your cooperation ?</p> <p>Were you involved in promoting H and FW issues ?</p> <p><b>Village Leader</b></p> <p>Does MO/or other PHC staff seek your cooperation for social mobilisation?</p> <p>Are you satisfied with services of PHC staff in this regard?</p> <p><b>IUD acceptor</b></p> <p>Were you told about the advantages and possible side effects ?</p> <p>Are you satisfied with the services of PHC staff in this regard ?</p> <p><b>Condom User</b></p> <p>Were you told about the method of using Condoms?</p> <p>Are you supplied with the condom by the PHC ?</p> <p><b>OP User</b></p> <p>Are you informed about the method of using OP?</p> <p>Were you told about the benefits and possible side effects of OP ?</p> <p>Are you supplied with OP tablets ?</p> <p>Have you experienced any complications ?</p>		

FORM - 11  
Monthly Reporting format for CHC/PPC/FRU

Name of the MO IC :  
Name of the CHC/PPC/FRU:  
District :

Month :  
Year :

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	Percentage to Total
1) O.P. Clinics conducted a) No.of cases examined b) No.referred from PHC's c) No. of High Risk cases identified d) No. treated e) No. referred to Distt.Hospital					
2) Immunisations complications a) Cases of adverse effects of immunization managed b) No. of Immunisation complication attended at periphery					
3) ARI a) No. of cases treated b) No. of deaths due to ARI c) No. of cases referred from PHC d) No. referred to Distt.Hospital					
4) Diarrhoea a) No.of diarrhoeal cases treated b) No.of deaths due to diarrhoea c) No.of cases referred from PHC					
5) Deliveries conducted at CHC/FRU/ PP Centre a) No. of deliveries conducted b) Complicated deliveries referred from PHC c) Complicated deliveries managed at CHC/PP Centre d) Complicated deliveries referred to Distt. Hospital e) Neonatal resuscitation done					
7) MTP performance at CHC/FRU a) No. of MTPs performed at CHC/PP Centre b) No. referred from PHC c) No. referred to Distt.Hospital d) Complications after MTP					

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	Percentage to Total
<p>8) Sterilizations performed</p> <p>a) No. of tubectomies performed</p> <p>i) With one child</p> <p>ii) With two children</p> <p>iii) With more than two children</p> <p>iv) No. followed</p> <p>v) No. of failure cases reported</p> <p>b) No. of vasectomies performed</p> <p>i) With one child</p> <p>ii) With two children</p> <p>iii) With more than two children</p> <p>iv) No. followed</p> <p>v) No. of failure cases reported</p> <p>9) IUD inserted</p> <p>a) No. of cases screened for IUD</p> <p>b) No. of women inserted IUDs</p> <p>c) No. of IUD acceptors followed- up</p> <p>d) No. of IUD Removal for :</p> <p>1. Request</p> <p>2. Complication</p> <p>3. Expulsions</p> <p>e) IUD Failure cases reported</p> <p>10) O.P. Users</p> <p>a) No. of O.P. users screened</p> <p>b) No. of O.P. acceptors followed</p> <p>c) No. of dropouts</p> <p>11) Reproductive Health</p> <p>a) RTIs/STDs</p> <p>i) No. of cases of RTIs/STDs examined</p> <p>ii) No. of cases treated</p> <p>iii) No. referred to Dist. Hospital</p> <p>b) Infertility</p> <p>i) No. of couples of Infertility identified</p> <p>ii) No. of couples referred from PHC</p> <p>iii) No. of couples treated/cured/ regained fertility</p> <p>c) Suspected cancer</p> <p>No. of suspected cases of cancers of reproductive tract referred:-</p> <p>i) Referred from PHC</p> <p>ii) treated at CHC/PPC/FRU</p> <p>iii) Referred to Dist. Hospital</p>					

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	Percentage to Total
d) Dysfunctional Uterine Bleeding (DUB) No. of cases of menstrual disorders referred to Distt. Hospital : i) Referred from PHC ii) Treated iii) Referred to Distt. Hospital					
12. Meeting attended / conducted a) Monthly Mos meeting at District b) Monthly Staff Review c) With Block Level Official d) Community Level Leaders/ Representative e) With Women Groups f) Any other Meetings					
13. Training a) No. of staff training programmes conducted b) No. of training programmes conducted for non health functionaries					
14. Transport a) No. of cases transported in FRU vehicle/ambulance i) Tubectomy Cases ii) Emergency obstetric cases iii) Other emergencies					

**Technical Assessment checklist for FRU Medical Officers**

Name of the M.O :

Month :

Name of the Institution :

Year :

Activities	Yes/No	Grading *			
		E	G	A	P
1. New OP Case a) History taken b) Physical examination done c) Provisional diagnosis made d) Treatment initiated e) Referred to Hospital f) Adequate time spent on each patient g) Necessary advise imparted  2. Examination of AN cases a) Correct estimation of gestation period b) Correct identification of high risk  3. Ward Patient a) History taken b) Physical Examination done c) Provisional Diagnosis made d) Relevant Investigations done e) Treatment Initiated f) Adequate time spent on each patient g) Behaviour with the patient h) Opinion of specialists taken i) Referred to Distt. Hospital  4. MTP case a) History taken b) LMP recorded c) Physical examination done d) Concern shown for confidentiality  5. Correct assessment and treatment of child with diarrhoea  6. Correct assessment and treatment of child with ARI  7. Correct assessment of STD/RTI a) STD /RTI cases treated b) STD/RTI cases referred to FRU/hospital  8. Correct decision taken in an emergency case/ delivery case for a) Treatment at FRU b) Referral outside					

Activities	Yes/No	Grading *			
		E	G	A	P
<p>9. F.P. Methods</p> <p>A. Tubectomy</p> <ul style="list-style-type: none"> <li>i) Pre-operative check up</li> <li>ii) Asceptive precautions</li> <li>iii) Ability to locate the tubes</li> <li>iv) Ligation of the tubes</li> <li>v) Skin suturing and ASD</li> <li>vi) Post-operative advice</li> </ul> <p>B. Vasectomy</p> <ul style="list-style-type: none"> <li>i) Pre-operative checkup</li> <li>ii) Preparation of the surgical area</li> <li>iii) Incision and control of intra-operative haemorrhage</li> <li>iv) Identification of Vas</li> <li>v) Ligation of Vas</li> <li>vi) Skin suturing and ASD</li> <li>vii) Post-operative advice</li> </ul> <p>C. IUD Insertion</p> <ul style="list-style-type: none"> <li>i) Screening the patient</li> <li>ii) Aseptic precautions</li> <li>iii) Insertion of IUD</li> <li>iv) Inspection of the IUD threads</li> <li>v) Post-IUD insertion advice</li> </ul> <p>10. Records and reports</p> <ul style="list-style-type: none"> <li>a) Complete and update</li> <li>b) Accurate</li> </ul> <p>11. Clean and tidy FRU premises</p> <p>12. Provision made for round-the-clock availability of staff.</p> <p>13. FRU vehicle available round-the-clock in road worthy condition.</p> <p>14. MO staying at head quarters</p>					

Note: The Supervisor is a district level officer and visits the FRU once in three months. The Supervisor will directly observe the skill of the Medical Officer while examining the cases listed above.

E = Excellent  
G = Good

A = Average  
P = Poor

**Facility Check List for CHC/PPC/FRU**

Name of the Institution :

Month :

District :

Year :

Activity	Yes/No
1. FRU Building	Own or Rented
2. FRU Premises Clean and Tidy	Yes/No
3. Equipment	Yes/No
a) Ambulance	Yes/No
b) B.P. Apparatus	Yes/No
c) Weighing Machine	Yes/No
d) Micro Scope & Lab. Equipment etc.	Yes/No
e) Auto Clave	Yes/No
f) Oxygen Cylinder	Yes/No
g) Surgical Equipment relating to FRU expertise/ responsibility.	Yes/No
i) Labour Room Table & Equipment	Yes/No
j) Examination Table	Yes/No
k) Resuscitation Equipment	Yes/No
l) Neonatal Resuscitation Equipment	Yes/No
m) Anaesthesia Equipment	Yes/No
n) Incinerator	Yes/No
4. Drugs*	
Vital	Yes/No
Essential	Yes/No
Desirable	Yes/No

\*Note 1: The supervising officer must make a list of essential facilities and drugs of acute shortage even during his quarterly visit and the same should be brought to the notice of higher ups immediately.

\*Note 2: A detailed VED (Vital, Essential and Desirable) categorization of drugs at PHC will be provided to the supervising officer.

## FAMILY REPRODUCTIVE HEALTH CARD

Registration Date :	PHC :	Subcenter :
Village :	Name of head of the HH :	EC No :
Water Source :	House Type :	Religion/Caste :
Family Size :	Males :	Females:
		Total :

### Primary Immunisation (Under 1 Year)

[illegible]

### Immunisation (Children 1-5 Years)

[illegible]

### Pregnancy History of EC and Contraceptive Status

Name : Age : Education : If Sterilised, Date

No. of Pregnancies	OutCome				Children Living		Children Dead
	LB	SB	Abortion		Male	Female	
			Spontaneous	Induced			

## Surveillance

Surveillance					
Disease/Complications	Name	Diagnosis	Investigation	Treatment	Referral
VPDs					
ADD/ARI					
RTIs/STDs					
Other Gyn. Problems					

### Death Record

Name	Age	Sex	Death Date	Cause

### Family Planning Follow-up by month

	1996											
	1	2	3	4	5	6	7	8	9	10	11	12
Pregnancy/FP Status												
Complications												
	1997											
	1	2	3	4	5	6	7	8	9	10	11	12
Pregnancy/FP Status												
Complications												
	1998											
	1	2	3	4	5	6	7	8	9	10	11	12
Pregnancy/FP Status												
Complications												
	1999											
	1	2	3	4	5	6	7	8	9	10	11	12
Pregnancy/FP Status												
Complications												

### ANC Information

Anc Reg Y/N	EDD	Weight*			TT			IFA			BP*			Urine*			HR**	Ref
		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3		

\* Record for all 3 ANC visits

\*\* Malpresentation, Twins, Previous LSCS, Anaemia, TB, Toxaemia Haemorrhage  
(Use the first letter of word as code. If factor other than these specify.)

### Delivery & PNC Information

Delivery Date	Delivery Place	Delivery by	Outcome	Birth Weight	PNC*** Visit	Breast*** Feeding	PNC*** Complication	Treated/ Referred

\* Mention number of PNC visits

\*\* Mention the numbe of hours or days after which breast-feeding was initiated

\*\*\* Infections; Injury to Genital tract; Haemorrhage, Fever;Sudden Death;Uterine problems, lactation failure.

## Assessment of Quality and Client Satisfaction

- Q1. Has the ANM visited you in last three months ? Yes No Not Recorded
- Q1a. If yes, were you satisfied with the amount of time ? Yes No Not Recorded
- Q2. During last pregnancy did you suffer from any of the following problems ?
- (a) Swelling of feet (b) Bleeding (c) Excessive tiredness
- (d) Convulsions (e) Night blindness (f) None
- Q3. Were you advised to go hospital for delivery ? Yes No Not Recorded
- Q4. Where did the delivery take place ?
- (a) Government Hospital (b) Private Hospital (c) PHC/HSC
- (d) At Home (e) Not Recorded
- If delivered at Home,
- Q4a. Who conducted the delivery?
- (a) ANM (b) Trained Dai (c) Relations (4) Not Recorded
- Q4b. Was the disposable Delivery Kit used ? Yes No Not Recorded
- Q5. Did the ANM advise you about breast feeding ? Yes No Not Recorded
- Q6. When did you start breast feeding ? \_\_\_\_\_ Days
- Q7. At what age should the baby given supplementary feed ? \_\_\_\_\_ Months
- Q8. Do you know the danger signs of ARI? Yes No Not Recorded
- Q9. Has ANM told you what to do when your child has diarrhoea ?
- (a) Continue Feeding (b) Give fluids (c) Specify \_\_\_\_\_
- Q10. Was your baby weighed after birth ? Yes No Not Recorded
- Q11. Did you have any problems immediately after delivery ?
- (a) Fever (b) Bleeding (c) Foul smelling discharge (d) None
- Q12. Did you get any treatment at that time ?
- (a) None (b) From ANM (c) From PHC (d) Private doctor

- Q13. Do you want any more children ?
- Q13a. If yes, When do you want to have the child ? After \_\_\_\_\_ Months
- Q14. Has the ANM advised you about spacing methods ?
- (a) IUD (B) Oral Pills (c) Condom (d) Other, Specify \_\_\_\_\_
- Q15. Are you currently using any method ?
- (a) No (b) Yes: \_\_\_\_\_ Method
- If using,
- Q15a. Were you able to get treatment for it? Yes No Not Recorded
- Q15b. Where? (a) PHC doctor (b) Private doctor (c) Vaid (d) Home treatment
- Q16. Have you used any method in the past and discontinued ?
- (a) No (b) Yes: IUD / Oral Pills / Condom / Other, Specify \_\_\_\_\_
- Q17. Are you suffering from any of the following health problems ?
- (a) White discharge (b) Back ache (c) Abdominal pain
- Q17a. If yes, have you sought treatment for it ?
- (a) No (b) Yes, From: ANM / PHC / Hospital / Private doctor

Please give your opinions about Government Health Center

- |      |  |           |           |                   |
|------|--|-----------|-----------|-------------------|
| Q17. | Do you find the centre well equipped?    | Very well | Somewhat  | Not well equipped |
| Q18. | Are the centre's timings convenient ?    | Yes       | No        | Not Recorded      |
| Q19. | Is doctor available when you visit ?     | Always    | Sometimes | Never             |
| Q20. | Do you have to wait long for service?    | Always    | Sometimes | Never             |
| Q21. | Is there privacy where you are examined? | Very much | Somewhat  | Not much          |
| Q22. | Are you examined properly?               | Very well | Somewhat  | Not much          |
| Q23. | Is the staff friendly ?                  | Very much | Somewhat  | Not much          |
| Q24. | Are medicines available at the center    | Always    | Sometimes | Never             |
| Q25. | Do they explain how to take medicine     | Always    | Sometimes | Never             |
| Q26. | Is the treatment effective ?             | Always    | Sometimes | Never             |

## MONTHLY REPORT FROM PHC TO DISTRICT

## 1. GENERAL:

- 1.1. State: \_\_\_\_\_ State Code: \_\_\_\_\_
- 1.2. District: \_\_\_\_\_ District Code: \_\_\_\_\_
- 1.3. PHC: \_\_\_\_\_ PHC Code: \_\_\_\_\_
- 1.4. Month: \_\_\_\_\_ 1.5. Year: \_\_\_\_\_ 1.6. Reporting Date: \_\_\_\_\_
- 1.7. Population of the PHC: \_\_\_\_\_
- 1.8. Eligible Couples (As on 1 April of the Year): \_\_\_\_\_

## 2. FAMILY WELFARE:

2.1. Eligible Couples Contacted: □□□□

2.2. Operations Done:

	Vasectomy	Tubectomy	
		Abdominal	Laparos
Total			
PHC			

2.3. Sterilisation Cases Followed Up:

Contacted up to month			Complications	Deaths
1	2	3		

2.4. IUD Insertions:

Total	PHC

2.5. IUD Cases followed up:

Contacted up to month			Complications reported	Discontinued IUD	
1	2	3		Removed	Expelled

2.6. Oral Pills Cycles

Total				Distributed by PHC
women on pill at beginning of month	Initiated during the month	women reported complications	Discontinued during the month	

2.7. Nirodh Pieces Distributed:

2.8. MTP Done:

	MTP	Foll o-wed up after MTP	Com plications reported	Acceptors of FP Methods		
				Sterili sation	IUD	Others
Total						
PHC						

2.9.

Couples using Traditional/Indegenous methods	Couples using natural methods

## 3. MOTHER CARE:

3.1. Ante Natal Care:

3.1.1. Ante Natal Cases Registered:

3.1.2. Cases Had three Contacts:

### 3.2. Natal Care:

#### 3.2.1. Domiciliary Deliveries conducted by:

MPW(FW)/ LHV	Trained DAIs	Untrained DAIs	Others

#### 3.2.2. Deliveries in PHC: \_\_\_\_\_

#### 3.2.3. High Risk Cases referred: \_\_\_\_\_

### 3.2.4. Pregnancy Outcome:

1. Live Births:	Male	Female
a. Under 2500 gms.		
b. 2500 gms above		
c. Weight not known		
2. Still Births		
3. Abortions		

## 4. IMMUNISATION:

		BCG	Polio				DPT				Measles'	Full- Immun- isation
			1	2	3	B	1	2	3	B		
Less than 1 year	Total											
	PHC											
Others	Total											
	PHC											

	DT 2/B	TT	TT	TT Mother	
	5 Years	10 Years	18 Years	1	2/B
Total					
PHC					

## 5. ANAEMIA & VIT.A

IFA Tab given to	Initiated	Continuing	Completed
a. Pregnant women			
b. Nursing women & IUD acceptors			
c. Children 1 to < 6 years			
Vir. A solution given to children 1 to < 5 years			

## 6. DIARRHOEAL DISEASES

### 6.1.

Acute cases reported	Under 5 years	5 years & above
Cases treated with ORS		
Deaths occurred		

### 6.2. Voluntary ORS Depots functioning: \_\_\_\_\_

## 7. DEATHS:

7.1. Child Deaths	Male	Female
7.1.1. 0 to 6 days		
7.1.2. 7 to 27 days		
7.1.3. 28 days to < 1 year		
7.1.4. 1 year to < 5 years		
7.2. Maternal Deaths:		
7.2.1. Before Delivery		
7.2.2. During Delivery		
7.2.3. Within 6 weeks of delivery		

## 8. FACILITIES:

### 8.1. Transport:

#### a) Vehicle:

Total: \_\_\_\_\_ On Road: \_\_\_\_\_

#### b) Kms covered:

Petrol driven \_\_\_\_\_ Diesel driven \_\_\_\_\_

#### c) Fuel consumed (In litres):

Petrol: \_\_\_\_\_ Diesel: \_\_\_\_\_

8.2. X ray Machine:

Total: \_\_\_\_\_ Working: \_\_\_\_\_

8.3 Status of Cold Chain Equipments:

Equipment	Total Supplied	Total not working	Number not working for more than a month*	Number beyond repair
ILR-300				
D.Fz.-300				
ILR-140				
D.Fz.-140				

\*: Excluding those beyond repair.

Details of beyond repair equipments.  
(Please attach a separate sheet, if necessary)

Location	Machine Number	Date of Installation	Out of order since (date)

9. VACANCY POSITION:

Category	Sanctioned	Vacant
MO (Including Specialist)		
Dental Surgeon		
Staff Nurses		
Pharmacist/Compounder		
Lab Tech/Lab Assistant		
Radiographer		
Computer		
Driver		
Paramedical Supervisors (Malaria Insp, BEE, PHN/LHV, HA)		
Multi Purpose Worker	M	F

N.B.: Figures are in numbers and performed/achieved during the reported month unless otherwise specified.

# 10. INVENTORY OF DRUGS, VACCINES AND LAB CONSUMABLES

Sl. No	Item	Unit /	Consumption	Balance Stock	Stock Sufficient for months
10.1	ORS Packets	No.			
10.2	Family Welfare				
	Nirodh	No.			
	Oral Pills	No.			
	IUD	No.			
10.3.	Iron and Vit. A solution				
	IFA Large Tablets	No.			
	IFA Small Tablets	No.			
	Liquid Iron (100 Ml. Bottle)	Bottle			
	Vit. A Solution (100 Ml. Bottle)	Bottle			
10.4	Immunisation				
	DPT Vaccine	Doses			
	Polio Vaccine	Doses			
	TT Vaccine	Doses			
	BCG Vaccine	Doses			
	Measles Vaccine	Doses			
	DT Vaccine	Doses			

## 11. MORBIDITY AND MORTALITY (CLINICAL DATA)

Sl. No.	Diseases	PHC		PHC Area**	
		Cases	Deaths	Cases	Deaths
11.1	Acute Diarrhoeal Diseases*				
11.2	Diphtheria				
11.3	Acute Poliomyelitis				
11.4	Neo Natal Tetanus				
11.5	Tetanus (Other than 11.4)				
11.6	Whooping Cough				
11.7	Measles				
11.8	Acute R.I. (Incl. Pneumonia & Influenza)				
11.9	Total				
N.B. To be filled by PHC Doctor * All cases with three or more loose motions in a day irrespective of aetiology/causation ** Including Sub centre areas which have been verified by the PHC M.Os or by qualified Medical Practitioners.					

## 12. GROUP EDUCATIONAL ACTIVITIES:

Item	Number
Meetings	
Film Shows	
Puppet Shows	
Public Seminars/Symposia	
Others (Specify)	

(Seal and Signature of MO Incharge)